



PHILIP L. BROWNING
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

Board of Supervisors
GLORIA MOLINA
First District
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Fourth District
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Fifth District

DOD: 05-24-2013

Emergency Response Referral

May 28, 2013
May 23, 2013
March 26, 2013
October 30, 2012

Emergency Response Notice of Referral Disposition

May 23, 2013
March 26, 2013
October 30, 2012

SDM Safety Assessment

May 23, 2013
April 15, 2013
November 1, 2012
April 21, 2011
March 21, 2007

SDM Risk Assessment

May 23, 2013 (a)
May 23, 2013 (b)
December 28, 2012
June 8, 2011

Medical Records

Total Pages Excluding Index: 120 pages

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection
STREET ADDRESS: 1933 S. Broadway Blvd., 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007
COUNTY: Los Angeles
NAME OF SOCIAL WORKER: [REDACTED]
CASELOAD ID: [REDACTED]
TELEPHONE: (213) 639-4500
DATE: 05/28/2013

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED]-EO REFERRAL NUMBER: [REDACTED]
☒ EVALUATE OUT ☐ IMMEDIATE ☐ 3 DAY ☐ 5 DAY ☐ 10 DAY ☐ N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	CSW II	05/28/2013	03:51pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:
CHILD FATALITY REPORT/MEDIA ALERT
Evaluate Out: The incident precipitating [REDACTED] death was previously reported in [REDACTED]-IR-Palmdale (ERCP), Critical Incident/Near Fatality/Media Alert referral # [REDACTED] dated 05/23/13 which currently remains under investigation to ERCP CSW [REDACTED] file [REDACTED], (213) 639-4500.

1 referral under investigation dated 03/26/2013, assigned to Palmdale Office, CSW [REDACTED] file [REDACTED].

Open Emergency Response cases involving [REDACTED] and [REDACTED] assigned to Palmdale Office, CSW [REDACTED] file [REDACTED].

Due to the nature of the incident reported, CWS/CMS reflects the family as 'sensitive'.
LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

HOME ADDRESS	PHONE NUMBER
[REDACTED]	[REDACTED]
[REDACTED]	

ADDRESS COMMENTS Verified by RAVS.

CURRENT LOCATION OF CHILD(REN)
[REDACTED] (deceased) body is currently at the Los Angeles Department of Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

The children [REDACTED] and [REDACTED] are currently confidentially placed in the foster home of [REDACTED] and [REDACTED]: [REDACTED], [REDACTED] [REDACTED]

[REDACTED] resides with her respective father at: [REDACTED]
[REDACTED]

[REDACTED] resides with paternal grandmother at: [REDACTED]

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	12	Year(s)	M			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
Caretaker Absence/Incapacity							
Emotional Abuse							
Emotional Abuse							
At Risk, sibling abused							
At Risk, sibling abused							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	8	Year(s)	M			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
Emotional Abuse							
Emotional Abuse							
Physical Abuse							
Physical Abuse							
Severe Neglect							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	10	Year(s)	F			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
Caretaker Absence/Incapacity							
Emotional Abuse							
Emotional Abuse							
At Risk, sibling abused							
At Risk, sibling abused							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

OTHERS IN THE HOME

NAME			AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE		
M					
ROLE		FOR/TO			
No Relation					
No Relation					
No Relation					
CASE WORKER NAME			PHONE #		CASELOAD #

OTHERS IN THE HOME

NAME			AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE		
F					
ROLE		FOR/TO			
Mother (Birth)					
Mother (Birth)					
Mother (Birth)					
CASE WORKER NAME			PHONE #		CASELOAD #

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F				
ROLE	FOR/TO			
Sister (Half)				
Sister (Half)				
Sister (Half)				
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
M				
ROLE	FOR/TO			
Brother				
Brother				
Brother				
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

COLLATERAL INFORMATION

NAME

ROLE

FOR/TO

ADDRESS

PRIMARY PHONE

CONTACT DATE

CONTACT METHOD

DESCRIPTION

COLLATERAL INFORMATION

NAME

ROLE

FOR/TO

ADDRESS

PRIMARY PHONE

CONTACT DATE

CONTACT METHOD

DESCRIPTION

COLLATERAL INFORMATION

NAME

ROLE

FOR/TO

ADDRESS

PRIMARY PHONE

CONTACT DATE

CONTACT METHOD

DESCRIPTION

COLLATERAL INFORMATION

NAME

ROLE

FOR/TO

ADDRESS

PRIMARY PHONE

CONTACT DATE

CONTACT METHOD

DESCRIPTION

CROSS REPORT INFORMATION

AGENCY Palmdale LASD	OFFICIAL CONTACTED	TITLE	
ADDRESS Palmdale LASD 750 East Avenue Q Palmdale, California 93550		PHONE NUMBER	BADGE NO.
CROSS REPORTED BY [REDACTED]		DATE & TIME OF REPORT 05/28/2013 05:27pm	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 02/26/2007
ALLEGATION TYPE Emotional Abuse General Neglect		ALLEGATION DISPOSITION Unfounded Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 04/13/2011
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/22/2004
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 02/26/2007
ALLEGATION TYPE Emotional Abuse		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 05/23/2013
ALLEGATION TYPE Caretaker Absence/Incapacity Caretaker Absence/Incapacity Emotional Abuse Emotional Abuse At Risk, sibling abused		ALLEGATION DISPOSITION Substantiated Substantiated Substantiated Substantiated Substantiated	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/22/2004
ALLEGATION TYPE Physical Abuse		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Physical Abuse	Inconclusive		
At Risk, sibling abused	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Severe Neglect	Unfounded		
Severe Neglect	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/26/2013
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused			
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	05/23/2013
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Caretaker Absence/Incapacity	Substantiated		
Caretaker Absence/Incapacity	Substantiated		
Emotional Abuse	Substantiated		
Emotional Abuse	Substantiated		
Physical Abuse	Substantiated		
Physical Abuse	Substantiated		
Physical Abuse	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Substantiated		
Physical Abuse	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/26/2013
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Sexual Abuse			
Sexual Abuse			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	05/23/2013
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Caretaker Absence/Incapacity	Substantiated		
Caretaker Absence/Incapacity	Substantiated		
Emotional Abuse	Substantiated		
Emotional Abuse	Substantiated		
At Risk, sibling abused	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Substantial Risk	Unfounded		
Substantial Risk	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		
Physical Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/26/2013
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused			
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	05/23/2013
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Substantiated	
Caretaker Absence/Incapacity		Substantiated	
Caretaker Absence/Incapacity		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Physical Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	11/22/2004
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	10/30/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Substantiated	
Physical Abuse		Inconclusive	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Substantiated	
At Risk, sibling abused		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/16/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
Substantial Risk		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	08/21/2003
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Severe Neglect		Unfounded	
Substantial Risk		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/26/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
General Neglect		Unfounded	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	04/13/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	05/23/2013
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Physical Abuse		Substantiated	

REPORTER INFORMATION

NAME [REDACTED]		AGENCY OR ORGANIZATION [REDACTED] [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED] [REDACTED] [REDACTED]			PRIMARY PHONE [REDACTED]
			SECONDARY PHONE [REDACTED]
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

Referral Number: [REDACTED]

Referral Date 05/28/2013

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY REPORT/MEDIA ALERT**This is a referral generated through an emailed report.**

The incident precipitating [REDACTED] death was previously reported in [REDACTED] IR-Palmdale (ERCP), Critical Incident/Near Fatality/Media Alert referral # [REDACTED] dated 05/23/13 which was cross reported to Palmdale Sheriff Station.

Due to the nature of the incident reported, CWS/CMS reflects the family as 'sensitive'.

Response Priority:

Evaluate Out

Referral History:

1 referral identifying the incident precipitating [REDACTED] death which currently remains under investigation to ERCP CSW [REDACTED], file [REDACTED] (213)639-4500.

1 referral under investigation dated 03/26/2013, assigned to Palmdale Office, CSW [REDACTED] file [REDACTED], [REDACTED].

5 additional prior referrals – 2003-2012

1 additional referral identifying mother as a perpetrator – 2007

Case History:

Referral Number: [REDACTED]

Referral Date 05/28/2013

Open Emergency Response cases involving [REDACTED] and [REDACTED] assigned to Palmdale Office, CSW [REDACTED], file [REDACTED], [REDACTED]

Closed FM cases involving [REDACTED] and [REDACTED] dated 11/01/2012-03/29/2013 and closed FM case involving [REDACTED] dated 11/01/2012-04/25/2013.

Domestic Violence:

None Known

Mental Health Concerns:

None Known

Physical/Developmental/Other Disabilities:

None Known

Location of Incident:Home Address
[REDACTED]**Alleged Perpetrators:**

[REDACTED] mother

[REDACTED] no relation/mother's significant other

Reporting Party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Collateral Contacts:

Detective [REDACTED]

Detective [REDACTED]

LASD Homicide

Referral Number:

Referral Date 05/28/2013

Report # [REDACTED]
(323)890-5500

School/Location Information:

[REDACTED] (deceased) body is currently at the Los Angeles Department of Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

The children [REDACTED] and [REDACTED] are currently confidentially placed in the foster home of [REDACTED] and [REDACTED].

[REDACTED] resides with her respective father at: [REDACTED].

[REDACTED] resides with paternal grandmother at: [REDACTED].

Referred Children:

[REDACTED] (deceased), male 8 years

[REDACTED], female 10 years

[REDACTED] male 12 years

Report:

[REDACTED] contacted the Child Protection Hotline to report the death of [REDACTED], 8 years.

The reporting party states [REDACTED] is a battered child. On 5/23, [REDACTED] was transported from his home to [REDACTED] after police and paramedics responded to the home and found him to be unresponsive. [REDACTED] was also noted to have external injuries. Upon arrival at [REDACTED], [REDACTED] was resuscitated and transferred to [REDACTED] to receive a higher level of care and was admitted to the PICU. Reporting party states that [REDACTED] condition did not improve and brain death was pronounced and findings were confirmed by Dr. [REDACTED] and Dr. [REDACTED] on 5/24 at 2:30pm. Cardiac death was pronounced on 5/25.

An autopsy is pending. Cause of death is yet to be determined. Apparent mode of death is homicide. The coroner case number is [REDACTED]. Reporting party states [REDACTED] was found to have multiple external and internal injuries. Numerous injuries were documented, some of which include subdural hematomas, soft tissue swelling of the right parietal and bifrontal scalp soft tissue swelling, traumatic extraction of the upper central incisors, a rightward nasal septal deviation, diffuse circumferential soft tissue edema within the mid and lower neck, a metallic foreign body to the right lower lobe of the

Referral Number: [REDACTED]

Referral Date 05/28/2013

lung and to the left inguinal area, acute right eighth and ninth posterior rib fractures, multiple bilateral healing rib fractures, a large laceration involving the liver, and poor contrast excretion from the kidneys that was consistent with shock.

LASD Homicide is investigating [REDACTED] death. The police report number is [REDACTED]. Reporting party states [REDACTED] mother and her significant other are currently in custody.

This report reflects all pertinent information provided by the reporting party.

NARRATIVE NOTES:

LEADER and WCMIS search results have been attached to this report.

Per the referral under investigation, 911 was called from the family's home and upon the arrival of law enforcement and paramedics, [REDACTED] was discovered not breathing with marks all over face/body, possible burn marks, and BB gun (pellets) in his chest and groin. It was reported that mother's boyfriend admitted to punching [REDACTED] in the abdomen on the day of his death, 10 times, and hit him on the back of the head with an open hand. It was also reported that a wash cloth was used to scrub [REDACTED] face and neck which resulted in torn skin to his forehead and below his neck. Mother and her boyfriend admitted to committing this act. [REDACTED] siblings reported that he ([REDACTED]) and his 12 year old sibling were wrestling and chasing each other when [REDACTED] tripped, fell, and hit his left temple on a table in the bedroom. Mother and her boyfriend were reported informed of what happened and placed [REDACTED] in the shower to wake him up. [REDACTED] remained unresponsive and 911 was called. [REDACTED] mother was arrested on felony cruelty to a child charges (273(a)(a)) and currently remains incarcerated on \$1,003,300 bail. Mother's boyfriend is being charged, at minimum, with torture and attempted murder and currently remains incarcerated on \$1 million bail.

[REDACTED] 10 and 12 year old siblings were detained and are currently placed in foster care. [REDACTED] 7 year old sibling resides with her respective father, who has sole legal and physical custody of her. Mother has not attempted contact with this child in over a year and there is court ordered monitored visitation that was established in 2007. [REDACTED] 9 year old sibling resides in Texas with his paternal grandmother.

This incident is receiving extensive media coverage in print and news outlets, which began on 5/23 and presently continues. DCFS is mentioned in the media stories.

NAME OF AGENCY: Department of Children and Family Services Emergency Response Command
Post
STREET ADDRESS: 1933 S. Broadway Blvd., 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007
COUNTY: Los Angeles
NAME OF SOCIAL WORKER: [REDACTED]
CASELOAD ID: [REDACTED]
TELEPHONE: (213) 639-4500
DATE: 05/23/2013

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] - IR
REFERRAL NUMBER: [REDACTED]
☐ NA EVALUATE OUT ☒ IMMEDIATE ☐ 3 DAY ☐ 5 DAY ☐ 10 DAY ☐ N/A SECONDARY REPORT

SCREENER INFORMATION

NAME: [REDACTED] TITLE: CSW III DATE: 05/23/2013 TIME: 02:24am
CASELOAD #: [REDACTED] PHONE NUMBER: (213) 639-4500 LOCATION: Child Protection Hotline (CPH)

ALERTS:
NEAR FATALITY/ CRITICAL INCIDENT/MEDIA ALERT
Mapped to Palmdale office

ADDENDUM: This report was additionally flagged as a Media Alert on 5/23 ([REDACTED] Hotline).
LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

[REDACTED] PHONE NUMBER: [REDACTED]
ADDRESS COMMENTS: Verified using RAVS

CURRENT LOCATION OF CHILD(REN)

[REDACTED] is at [REDACTED] - [REDACTED] phone [REDACTED]. [REDACTED] will be transferred to one of the [REDACTED], but it is not known which one.
The children [REDACTED] and [REDACTED] are at the LASD, Palmdale station - 3750 E. Avenue Q, Palmdale 93550, Deputy [REDACTED], # [REDACTED]

VICTIM INFORMATION

NAME: [REDACTED] AKA (if applicable): [REDACTED] SOCIAL SECURITY #: [REDACTED]
DOB: [REDACTED] AGE: 12 AGE CODE: Year(s) SEX: M ETHNICITY: [REDACTED] LANGUAGE: [REDACTED] ICWA ELIGIBILITY: No

SCHOOL/DAYCARE NAME

[REDACTED]

SCHOOL/DAYCARE ADDRESS

[REDACTED]

ABUSE CATEGORY (See Screener Narrative Attached)
At Risk, sibling abused

ALLEGED PERPETRATOR NAME

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	8	Year(s)	M			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
Physical Abuse							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	10	Year(s)	F			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
At Risk, sibling abused							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

OTHERS IN THE HOME

NAME			AKA (if applicable)			SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE			WORK PHONE	
M						
ROLE		FOR/TO				
No Relation						
No Relation						
No Relation						
CASE WORKER NAME			PHONE #		CASELOAD #	

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F				
ROLE	FOR/TO			
Mother (Birth)				
Mother (Birth)				
Mother (Birth)				
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE	FOR/TO			
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY Palmdale LASD	OFFICIAL CONTACTED	TITLE
ADDRESS Palmdale LASD 750 East Avenue Q Palmdale, California 93550	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT 05/23/2013 04:39am	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE Physical Abuse At Risk, sibling abused	ALLEGATION DISPOSITION Inconclusive Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE Severe Neglect Severe Neglect	ALLEGATION DISPOSITION Unfounded Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE Emotional Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/26/2013
ALLEGATION TYPE At Risk, sibling abused At Risk, sibling abused	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Substantiated		
Physical Abuse	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/26/2013
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Sexual Abuse			
Sexual Abuse			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Substantial Risk	Unfounded		
Substantial Risk	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		
Physical Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/26/2013
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused			
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	11/22/2004
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	10/30/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Substantiated	
Physical Abuse		Inconclusive	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Substantiated	
At Risk, sibling abused		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/16/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
Substantial Risk		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	08/21/2003
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Severe Neglect		Unfounded	
Substantial Risk		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/26/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
General Neglect		Unfounded	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	04/13/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REPORTER INFORMATION

NAME		AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS			PRIMARY PHONE
			SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

☐ ANONYMOUS REPORTER☒ MANDATED REPORTER☐ FAMILY INFORMED☐ APPLICATION FOR PETITION☐ CONFIDENTIALITY WAIVED☐ FEEDBACK REQUIRED

Referral Number: [REDACTED]

Referral Date 05/23/2013

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

NEAR FATALITY/CRITICAL INCIDENT/MEDIA ALERT**EXPEDITED**

LASD, Palmdale station Deputy [REDACTED] Incident # [REDACTED]

This Referral Is Generated From:

A live telephone call

Response Priority:

Immediate Response / Expedited

Prior DCFS/CPS History:

There are 7 prior referrals. A referral dated 3/26/13 is open to CSW [REDACTED] Lancaster office, phone [REDACTED] alleging sexual abuse.

10/30/12	Physical abuse	Inconclusive
10/30/12	General neglect	Substantiated
4/13/11	General neglect	Unfounded
2/26/07	Emotional abuse	Unfounded
2/26/07	Physical abuse	Unfounded
2/26/07	General neglect	Unfounded
2/16/07	Not this family but mother is the perpetrator	
11/22/04	Physical abuse	Unfounded
8/21/03	Severe neglect	Unfounded

Referral Number: [REDACTED]

Referral Date 05/23/2013

Prior Family Maintenance Services were terminated for the child [REDACTED] on 4/25/13 and for the children [REDACTED] and [REDACTED] on 3/29/13

Domestic Violence/Mental Health Issues/Substance Abuse/Gang Activity:

It is unknown if there is any history of domestic violence and substance abuse. The child [REDACTED] has a history of self-mutilation. It is unknown if [REDACTED] was ever admitted to a psychiatric hospital. There is no gang activity. There are no dogs or weapons, although [REDACTED] has "bibis" lodged into his chest and groin.

Physical/Developmental/Other Disability:

No

Child's Caregiver:

The children reside with their mother and her boyfriend, [REDACTED]

Incident Location:

Children's home

[REDACTED]

[REDACTED]

Phone number not known

Phone number on LEADER: [REDACTED]

Perpetrator(s):

Unknown

Reporting Party: (Law Enforcement & DCFS representatives: Please DO NOT disclose Reporting Party & Collateral Contact's identity to the family being investigated):

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Collateral Contacts:

Deputy [REDACTED] (in charge of the case)

Referral Number: [REDACTED]

Referral Date 05/23/2013

Los Angeles County Sheriff's Department, Palmdale station
750 E. Avenue Q
Palmdale, 93550
Phone (661) 272-2400

Captain [REDACTED]
Los Angeles County Fire
Engine # [REDACTED]
Palmdale station
Address and phone number were not known

School/Location Information:

It is believed the children attend [REDACTED], grades unknown

The child [REDACTED] is at [REDACTED]:

[REDACTED]
[REDACTED]
Phone [REDACTED]

The children [REDACTED] and [REDACTED] are at:
Los Angeles County Sheriff's Department, Palmdale station
750 E. Avenue Q
Palmdale, 93550
Phone (661) 272-2400

Children Information:

[REDACTED] DOB: [REDACTED], Male Age 8
[REDACTED] DOB: [REDACTED], Female Age 10
[REDACTED], DOB: [REDACTED], Male Age 12

Summary of Incident (Story):

The child [REDACTED] (age 8) is an alleged victim of physical abuse by an unknown perpetrator. The children [REDACTED] (age 10) and [REDACTED] (age 12) are at risk.

Deputy [REDACTED] stated that he does not have a lot of information but wanted to call DCFS to get someone out to the station.

Referral Number: [REDACTED]

Referral Date 05/23/2013

Deputy [REDACTED] stated that on 5/22/13 at approximately 11:45pm, he responded to the family's home.

Deputy [REDACTED] stated that mother and siblings [REDACTED] and [REDACTED] reported the following story: [REDACTED] and [REDACTED] were in their room wrestling. [REDACTED] was chasing [REDACTED] who slipped, fell and hurt his head on his left temple area. [REDACTED] went to get mother who called "911". [REDACTED] was not breathing and the paramedics administered CPR.

Deputy [REDACTED] stated that the paramedics reported that "there was something else going on." The paramedics reported that [REDACTED] has numerous bruises on his body. [REDACTED] has a "bibi" lodged "into his chest and one into his groin."

Deputy [REDACTED] stated that mother reported that the bruises were from [REDACTED] self-mutilation. Deputy [REDACTED] stated that the "marks were not cuts, they were bruises," but the deputy could not describe them.

Deputy [REDACTED] stated that Deputy [REDACTED] would have more information as he is in charge of the case. The Special Victims Bureau is coming to investigate.

Deputy [REDACTED] stated that [REDACTED] is on life support at [REDACTED] [REDACTED] will be transferred to [REDACTED] but it is unknown which one and when.

The children [REDACTED] and [REDACTED] are at the Palmdale Sheriff's station.

This referral reflects the information provided by the Caller.

Supplementary/additional questions to the reporting party:

N/A

FOOTNOTE/ADDENDUM:

Info to CSW [REDACTED] and email sent.

Expedited form sent to ERCP

LEADER report was requested to obtain demographic information

Print out of prior referral history, case history and family members attached.

ADDENDUM: This report was additionally flagged as a Media Alert on 5/23 ([REDACTED], Hotline).

NAME OF AGENCY:	Department of Children and Family Services	DEPARTMENT/ DIVISION:	Emergency Response Command Post
STREET ADDRESS:	1933 S. Broadway Blvd., 5th Floor		
CITY AND ZIP CODE:	Los Angeles, California 90007	COUNTY:	Los Angeles
NAME OF SOCIAL WORKER		CASELOAD ID	TELEPHONE
[REDACTED]		[REDACTED]	(213) 639-4500
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)			CHILD ID NUMBER
[REDACTED]			[REDACTED]
[REDACTED]			[REDACTED]
[REDACTED]			[REDACTED]
			REFERRAL NUMBER
			[REDACTED]

[REDACTED]

The above named family or child was referred by you to this agency for Emergency Response intervention on: 05/23/2013 .

The result of the initial Emergency Response intervention is:

- ☐ Does not meet the State requirements for intervention
- ☐ Allegations appear to be unfounded - case closed
- ☐ Allegations cannot be substantiated - case closed
- ☐ Situation stabilized - case closed
- ☐ Family has agreed to voluntary Social Services
- ☐ Case open for service
- _____ (Worker) _____ (Phone #)
- ☐ Referred to community agency
- _____ (Agency Name) _____ (Agency Phone #)
- ☒ Referred to Juvenile Court for Investigation

COMMENTS:

_____ (Date)

_____ (Caseload Number) _____ CSW III _____ (213) 639-4500

_____ (Title) _____ (Telephone Number)

NAME OF AGENCY:	Department of Children and Family Services Bureau of Child Protection	DATE:	03/26/2013
STREET ADDRESS:	1933 S. Broadway Blvd., 5th Floor		
CITY AND ZIP CODE:	Los Angeles, California 90007	COUNTY:	Los Angeles
NAME OF SOCIAL WORKER:	CASELOAD ID :	TELEPHONE	
		(213) 639-4500	

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME:	- 5 Day	REFERRAL NUMBER:	
<input type="checkbox"/> NA	<input type="checkbox"/> IMMEDIATE	<input checked="" type="checkbox"/> 5 DAY	<input type="checkbox"/> N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
	CSW III	03/26/2013	03:47pm
CASELOAD #	PHONE NUMBER	LOCATION	
	(213) 639-4500	Child Protection Hotline (CPH)	
ALERTS:			
Palmdale - information to CSW			
LAW ENFORCEMENT AGENCY		POLICE REPORT NUMBER	

HOME ADDRESS

PHONE NUMBER
ADDRESS COMMENTS
Ravs

CURRENT LOCATION OF CHILD(REN)

VICTIM INFORMATION

NAME		AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE
	12	Year(s)	M		
SCHOOL/DAYCARE NAME					
SCHOOL/DAYCARE ADDRESS					
ABUSE CATEGORY (See Screener Narrative Attached)			ALLEGED PERPETRATOR NAME		
At Risk, sibling abused					
At Risk, sibling abused					
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)	CASELOAD #	

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	8	Year(s)	M			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
Sexual Abuse							
Sexual Abuse							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	10	Year(s)	F			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
At Risk, sibling abused							
At Risk, sibling abused							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

OTHERS IN THE HOME

NAME			AKA (if applicable)			SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE			WORK PHONE	
F						
ROLE		FOR/TO				
Mother (Birth)						
Mother (Birth)						
Mother (Birth)						
CASE WORKER NAME			PHONE #		CASELOAD #	

OTHERS NOT IN THE HOME

NAME [REDACTED]		AKA (if applicable)		SOCIAL SECURITY #
SEX M	DATE OF BIRTH/AGE	LANGUAGE [REDACTED]	WORK PHONE	
ROLE No Relation No Relation No Relation		FOR/TO [REDACTED]		
ADDRESS Unknown, California			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME [REDACTED]		AKA (if applicable) [REDACTED]		SOCIAL SECURITY #
SEX M	DATE OF BIRTH/AGE	LANGUAGE [REDACTED]	WORK PHONE	
ROLE Great-Uncle (Maternal) Great-Uncle (Maternal) Great Uncle (Maternal)		FOR/TO [REDACTED]		
ADDRESS Unknown, California			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE FOR/TO		
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY Palmdale LASD	OFFICIAL CONTACTED	TITLE
ADDRESS Palmdale LASD 750 East Avenue Q Palmdale, California 93550	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT 03/26/2013	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE Physical Abuse At Risk, sibling abused	ALLEGATION DISPOSITION Inconclusive Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE Severe Neglect Severe Neglect	ALLEGATION DISPOSITION Unfounded Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE Emotional Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE General Neglect Physical Abuse	ALLEGATION DISPOSITION Substantiated Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/30/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Substantial Risk	Unfounded		
Substantial Risk	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		
Physical Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	11/22/2004
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Physical Abuse	Unfounded		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	10/30/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Substantiated	
Physical Abuse		Inconclusive	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Substantiated	
At Risk, sibling abused		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/16/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
Substantial Risk		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	08/21/2003
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Severe Neglect		Unfounded	
Substantial Risk		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/26/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
General Neglect		Unfounded	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	04/13/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REPORTER INFORMATION

NAME [REDACTED]		AGENCY OR ORGANIZATION [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED] [REDACTED] [REDACTED]			PRIMARY PHONE [REDACTED]
			SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

Referral Number: [REDACTED]

Referral Date 03/26/2013

SCREENER NARRATIVE

ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:

1. PRECIPITATING INCIDENT (Severity, frequency; location and description of injury; history of abuse)
2. CHILD CHARACTERISTICS (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. CARETAKER CHARACTERISTICS (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. FAMILY FACTORS (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. DOMESTIC VIOLENCE/ABUSE FACTORS (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

Information to CSW [REDACTED] at DCFS-Palmdale office, [REDACTED].

This is a live call.Response time: 5 Day.Prior DCFS history: referred children have family maintenance case with 6 prior referralsCaller: [REDACTED], therapist at [REDACTED].
[REDACTED], [REDACTED], [REDACTED]
[REDACTED]Domestic violence/mental health information: caller was not aware of any.Collateral contacts: caller was not aware of any.School information: [REDACTED]
[REDACTED]Physical or developmental disability: caller was not aware of any.Location of incident: unknown.Alleged perpetrators: [REDACTED] (aka [REDACTED]), maternal great uncle and his boyfriend, [REDACTED]Children: [REDACTED] 8 yrs, [REDACTED] 10 yrs, [REDACTED] 12 yrs.Report: [REDACTED] is an alleged victim of sexual abuse by [REDACTED] (aka [REDACTED]) and by [REDACTED] [REDACTED] and [REDACTED] are at risk.

Caller reported the following information. [REDACTED] told caller yesterday, that about 3 years ago, [REDACTED] and his boyfriend, [REDACTED] sexually abused him. They had [REDACTED]

Referral Number:

Referral Date 03/26/2013

perform oral sex on them. [REDACTED] said that [REDACTED] is the brother of his maternal grandmother (Doe). [REDACTED] was not clear whether this abuse happened one time or more than one time. [REDACTED] mother, [REDACTED] found out about this sexual abuse 5 months ago, when [REDACTED] was returned to her. Child does not have contact with alleged perpetrators.

Caller did not have alleged perpetrators' and maternal grandmother's addresses and phone numbers.

Caller reported that children's father is in prison for drug related charges and his sentence is for 8 years. Caller did not know father's name or his release date.

Additional/supplemental information: caller was not aware whether family has gang affiliation.

This referral reflects all the information that the caller provided.

Suspected child abuse report was generated.

NAME OF AGENCY:	Department of Children and Family Services	DEPARTMENT/ DIVISION:	Bureau of Operations
STREET ADDRESS:	39959 Sierra Highway, Suite 150		
CITY AND ZIP CODE:	Palmdale, California 93550	COUNTY:	Los Angeles
NAME OF SOCIAL WORKER	CASELOAD ID	TELEPHONE	
[REDACTED]	[REDACTED]	[REDACTED]	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)		CHILD ID NUMBER	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
		REFERRAL NUMBER	
		[REDACTED]	

The above named family or child was referred by you to this agency for Emergency Response intervention on: 03/26/2013 .

The result of the initial Emergency Response intervention is:

- ☐ Does not meet the State requirements for intervention
- ☐ Allegations appear to be unfounded - case closed
- ☒ Allegations cannot be substantiated - case closed
- ☐ Situation stabilized - case closed
- ☐ Family has agreed to voluntary Social Services
- ☒ Case open for service

(Worker)

(Phone #)

(Agency Name)

(Agency Phone #)

- ☐ Referred to community agency
- ☐ Referred to Juvenile Court for Investigation

COMMENTS:

(Date)

(Caseload Number)

CSW TRAINEE

(Title)

(Telephone Number)

NAME OF AGENCY: Department of Children and Family Services Emergency Response Command
Post /BFA
STREET ADDRESS: 1933 S. Broadway Blvd., 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007
COUNTY: Los Angeles
NAME OF SOCIAL WORKER: [REDACTED]
CASELOAD ID : [REDACTED]
TELEPHONE (213) 639-4500
DATE: 10/31/2012

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] - A/C 10/30/12 REFERRAL NUMBER: [REDACTED]
☐ NA ☐ EVALUATE OUT ☒ IMMEDIATE ☐ 3 DAY ☐ 5 DAY ☐ 10 DAY ☐ N/A SECONDARY REPORT

SCREENER INFORMATION

NAME [REDACTED] TITLE CSW III DATE 10/30/2012 TIME 04:19pm
CASELOAD # [REDACTED] PHONE NUMBER (213) 639-4500 LOCATION Child Protection Hotline (CPH)

ALERTS:
Mapped to Palmdale.
LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

HOME ADDRESS

[REDACTED] PHONE NUMBER [REDACTED]
[REDACTED]

ADDRESS COMMENTS RAVS confirmation

CURRENT LOCATION OF CHILD(REN)
Children are at the home address.

VICTIM INFORMATION

NAME				AKA (if applicable)		SOCIAL SECURITY #	
[REDACTED]				[REDACTED]		[REDACTED]	
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
[REDACTED]	11	Year(s)	M	[REDACTED]	[REDACTED]	No	

SCHOOL/DAYCARE NAME

[REDACTED]

SCHOOL/DAYCARE ADDRESS

[REDACTED]
[REDACTED]

ABUSE CATEGORY (See Screener Narrative Attached)
Physical Abuse

ALLEGED PERPETRATOR NAME

[REDACTED]

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	7	Year(s)	M			Not Asked	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
Physical Abuse							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
	9	Year(s)	F			No	
SCHOOL/DAYCARE NAME							
SCHOOL/DAYCARE ADDRESS							
ABUSE CATEGORY (See Screener Narrative Attached)				ALLEGED PERPETRATOR NAME			
At Risk, sibling abused							
CASE WORKER NAME (FOR OPEN CASE)				PHONE # (FOR OPEN CASE)		CASELOAD #	

OTHERS IN THE HOME

NAME				AKA (if applicable)			SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE		LANGUAGE			WORK PHONE	
F							
ROLE		FOR/TO					
Mother (Birth)							
Mother (Birth)							
Mother (Birth)							
CASE WORKER NAME				PHONE #		CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F	[REDACTED]	[REDACTED]	[REDACTED]	
ROLE	FOR/TO			
Sister (Half)	[REDACTED]			
Sister (Half)	[REDACTED]			
Sister (Half)	[REDACTED]			
ADDRESS			PRIMARY PHONE	
[REDACTED]			[REDACTED]	
CASE WORKER NAME		PHONE #	CASELOAD #	
[REDACTED]		[REDACTED]	[REDACTED]	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
M	[REDACTED]	[REDACTED]	[REDACTED]	
ROLE	FOR/TO			
Brother	[REDACTED]			
Brother (Half)	[REDACTED]			
Brother	[REDACTED]			
ADDRESS			PRIMARY PHONE	
[REDACTED]			[REDACTED]	
CASE WORKER NAME		PHONE #	CASELOAD #	
[REDACTED]		[REDACTED]	[REDACTED]	

COLLATERAL INFORMATION

NAME		
[REDACTED]		
ROLE	FOR/TO	
[REDACTED]	[REDACTED]	
ADDRESS		PRIMARY PHONE
[REDACTED]		[REDACTED]
CONTACT DATE	CONTACT METHOD	DESCRIPTION
[REDACTED]	[REDACTED]	[REDACTED]

CROSS REPORT INFORMATION

AGENCY Palmdale LASD	OFFICIAL CONTACTED	TITLE
ADDRESS Palmdale LASD 750 East Avenue Q Palmdale, California 93550	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT 10/30/2012 05:24pm	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE Severe Neglect Severe Neglect	ALLEGATION DISPOSITION Unfounded Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE Emotional Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE Emotional Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/22/2004
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/21/2003
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Substantial Risk	Unfounded		
Substantial Risk	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		
Physical Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	02/26/2007
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse	Unfounded		
General Neglect	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	04/13/2011
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	11/22/2004
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/16/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	
Substantial Risk		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	08/21/2003
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Severe Neglect		Unfounded	
Substantial Risk		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	02/26/2007
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
Emotional Abuse		Unfounded	
General Neglect		Unfounded	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	04/13/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REPORTER INFORMATION

NAME [REDACTED]		AGENCY OR ORGANIZATION [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED] [REDACTED]			PRIMARY PHONE [REDACTED]
			SECONDARY PHONE [REDACTED]
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

Referral Number: [REDACTED]

Referral Date 10/30/2012

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

Report Method: Telephone

Response Time: Immediate

DCFS History: 4 referrals

Domestic Rage: No

Drugs/Alcohol: Yes (historical)

Mental Health: No

Gang Activity: No

Location of Incident:

Home Address

[REDACTED]

[REDACTED]

[REDACTED] (cell)

Perpetrator:

[REDACTED] – Mother

[REDACTED]

[REDACTED]

[REDACTED] (cell)

Reporting Party:

[REDACTED] – [REDACTED]

[REDACTED]

Referral Number: [REDACTED]

Referral Date 10/30/2012

[REDACTED] (cell)

Referred child, [REDACTED] (7 yrs), [REDACTED] (9 yrs), and [REDACTED] (11 yrs), are alleged victims of physical abuse by their mother, [REDACTED]

Background: Prior 2011 referral documented that mother's other daughter, [REDACTED] (6 yrs), was living with her father, [REDACTED] at [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] reportedly visits mother. Mother's other son, [REDACTED] (8 yrs), reportedly was living with paternal grandmother (name unknown) somewhere in Texas.

Mother has a history of using illicit drugs. Mother's current boyfriend is [REDACTED]

Report: Earlier today (10/30/12), child [REDACTED] disclosed that his mother hits him with the buckle end of the belt when he can't finish his homework. [REDACTED] sometimes bleeds from being hit by the belt buckle. [REDACTED] informed the Caller that he has bruises on his back where mother hit him. Mother also hits [REDACTED] and [REDACTED] with a belt. [REDACTED] was worried that his mother was going to hit him later today because he didn't understand his homework.

[REDACTED] further stated that mother makes him sit up all night when he doesn't finish his homework. Caller is not sure if [REDACTED] really meant that he stays up all night.

[REDACTED] demonstrated how to snort cocaine. Caller is worried that [REDACTED] is being exposed to illicit drugs in the home.

NAME OF AGENCY:	Department of Children and Family Services	DEPARTMENT/ DIVISION:	Bureau of Operations
STREET ADDRESS:	39959 Sierra Highway, Suite 150		
CITY AND ZIP CODE:	Palmdale, California 93550	COUNTY:	Los Angeles
NAME OF SOCIAL WORKER	CASELOAD ID	TELEPHONE	
[REDACTED]	[REDACTED]	[REDACTED]	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)		CHILD ID NUMBER	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
		REFERRAL NUMBER	
		[REDACTED]	

[REDACTED]

[REDACTED]

The above named family or child was referred by you to this agency for Emergency Response intervention on: 10/30/2012 .

The result of the initial Emergency Response intervention is:

☐ Does not meet the State requirements for intervention

☐ Allegations appear to be unfounded - case closed

☐ Allegations cannot be substantiated - case closed

☐ Situation stabilized - case closed

☒ Family has agreed to voluntary Social Services

☐ Case open for service

(Worker) (Phone #)

☐ Referred to community agency

(Agency Name) (Agency Phone #)

☐ Referred to Juvenile Court for Investigation

COMMENTS:

(Caseload Number) CSW I (Title) _____ (Date) _____ (Telephone Number)



Safety Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID:	[REDACTED]	Assessment Date:	5/23/2013
Referral Name:	[REDACTED] - ERCPLCMNTPALMJC	Approving Unit:	ERCP ON DUTY SCSW
Created:	5/26/2013 by [REDACTED]	County of Completion:	Los Angeles
Approval Status:	Approved 5/28/2013 by [REDACTED]	Last Update:	5/26/2013 by [REDACTED]

Assessment Type: ☒ Initial ☐ Review/Update ☐ Referral Closing

Household Name: [REDACTED] Were there allegations in this household? ☒ Yes ☐ No

Factors Influencing Child Vulnerability

- | | |
|---|--|
| <input type="checkbox"/> Age 0-5 | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, non-verbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> School age, but not attending school | |

SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES**PART A: Safety Threats**

- | | |
|---|--|
| <p><input type="checkbox"/> 1. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> 2. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> 3. <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="checkbox"/> 4. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> 5. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> 6. <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="checkbox"/> 7. <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="checkbox"/> 8. <input type="radio"/> Yes <input checked="" type="radio"/> No</p> | <p>Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:</p> <p><input checked="" type="checkbox"/> Serious injury or abuse to child other than accidental.</p> <p><input type="checkbox"/> Caregiver fears he/she will maltreat the child.</p> <p><input type="checkbox"/> Threat to cause harm or retaliate against the child.</p> <p><input checked="" type="checkbox"/> Excessive discipline or physical force.</p> <p><input type="checkbox"/> Drug-exposed infant.</p> <p>Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.</p> <p>Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.</p> <p>Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.</p> <p>Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.</p> <p>The family refuses access to the child, or there is reason to believe that the family is about to flee.</p> <p>Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.</p> <p>The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.</p> |
|---|--|

- ☐ 9. ☐ Yes ☒ No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- ☐ 10. ☒ Yes ☐ No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
- ☐ 11. ☒ Yes ☐ No Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- ☐ 12. ☐ Yes ☒ No Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- ☐ 13. ☐ Yes ☒ No Other (specify):

PART B: Protective Capacities

- ☐ 1. ☐ Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 2. ☐ Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 3. ☐ Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. ☐ Caregiver has ability to access resources to provide necessary safety interventions.
- ☐ 5. ☐ Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ 6. ☐ At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. ☐ Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- ☐ 8. ☐ There is evidence of a healthy relationship between caregiver and child.
- ☐ 9. ☐ Caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. ☐ Caregiver has history of effective problem solving.
- ☐ 11. ☐ Other (specify):

SECTION 2: SAFETY INTERVENTIONS

- ☐ 1. ☐ Intervention or direct services by worker. (DO NOT include the investigation itself.)
- ☐ 2. ☐ Use of family, neighbors, or other individuals in the community as safety resources.
- ☐ 3. ☐ Use of community agencies or services as safety resources.
- ☐ 4. ☐ Have the caregiver appropriately protect the victim from the alleged perpetrator.
- ☐ 5. ☐ Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

- ☐ 6. ☐ Have the non-offending caregiver move to a safe environment with the child.
- ☐ 7. ☐ Legal action planned or initiated—child remains in the home.
- ☐ 8. ☐ Other (*specify*):
- ☐ 9. ☐ Have the caregiver voluntarily place the child outside the home.
- ☐ 10. ☒ Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
3. ☒ One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

SECTION 4: COMMENTS**Staff Person Comments:**

No Staff Comments

Supervisor Comments:

No Supervisor Comments



Safety Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID:	[REDACTED]	Assessment Date:	4/15/2013
Referral Name:	[REDACTED] - 5 Day	Approving Unit:	ER - [REDACTED]
Created:	4/17/2013 by [REDACTED]	County of Completion:	Los Angeles
Approval Status:	Approved 4/30/2013 by [REDACTED]	Last Update:	4/17/2013 by [REDACTED]

Assessment Type: ☒ Initial ☐ Review/Update ☐ Referral Closing

Household Name: [REDACTED] Were there allegations in this household? ☒ Yes ☐ No

Factors Influencing Child Vulnerability

- | | |
|---|---|
| <input type="checkbox"/> Age 0-5 | <input type="checkbox"/> Diminished mental capacity
(e.g., developmental delay, non-verbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity
(e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> School age, but not attending school | |

SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES**PART A: Safety Threats**

- | | | |
|-----------------------------|---|--|
| <input type="checkbox"/> 1. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

<input type="checkbox"/> Serious injury or abuse to child other than accidental.
<input type="checkbox"/> Caregiver fears he/she will maltreat the child.
<input type="checkbox"/> Threat to cause harm or retaliate against the child.
<input type="checkbox"/> Excessive discipline or physical force.
<input type="checkbox"/> Drug-exposed infant. |
| <input type="checkbox"/> 2. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident. |
| <input type="checkbox"/> 3. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> 4. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| <input type="checkbox"/> 5. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern. |
| <input type="checkbox"/> 6. | <input type="radio"/> Yes <input checked="" type="radio"/> No | The family refuses access to the child, or there is reason to believe that the family is about to flee. |

- ☐ 7. ☐ Yes ☒ No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- ☐ 8. ☐ Yes ☒ No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- ☐ 9. ☐ Yes ☒ No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- ☐ 10. ☐ Yes ☒ No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
- ☐ 11. ☐ Yes ☒ No Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- ☐ 12. ☐ Yes ☒ No Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- ☐ 13. ☐ Yes ☒ No Other (*specify*):

PART B: Protective Capacities

- ☐ 1. ☐ Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 2. ☐ Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 3. ☐ Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. ☐ Caregiver has ability to access resources to provide necessary safety interventions.
- ☐ 5. ☐ Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ 6. ☐ At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. ☐ Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- ☐ 8. ☐ There is evidence of a healthy relationship between caregiver and child.
- ☐ 9. ☐ Caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. ☐ Caregiver has history of effective problem solving.
- ☐ 11. ☐ Other (*specify*):

SECTION 2: SAFETY INTERVENTIONS

SECTION 3: SAFETY DECISION

1. ✓ No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

SECTION 4: COMMENTS**Staff Person Comments:**

No Staff Comments

Supervisor Comments:

No Supervisor Comments



Safety Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID: [REDACTED] Assessment Date: 11/1/2012
Referral Name: [REDACTED] A C 10 30 12 Approving Unit: ER - [REDACTED]
Created: 11/6/2012 by [REDACTED] County of Completion: Los Angeles
Approval Status: Approved 12/28/2012 by [REDACTED] Last Update: 11/6/2012 by [REDACTED]
Assessment Type: ☒ Initial ☐ Review/Update ☐ Referral Closing
Household Name: [REDACTED] Were there allegations in this household? ☒ Yes ☐ No

Factors Influencing Child Vulnerability

- ☐ Age 0-5 ☐ Diminished mental capacity (e.g., developmental delay, non-verbal)
☐ Significant diagnosed medical or mental disorder ☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
☐ School age, but not attending school

SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES

PART A: Safety Threats

- ☐ 1. ☐ Yes ☒ No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
☐ Serious injury or abuse to child other than accidental.
☐ Caregiver fears he/she will maltreat the child.
☐ Threat to cause harm or retaliate against the child.
☐ Excessive discipline or physical force.
☐ Drug-exposed infant.
- ☐ 2. ☐ Yes ☒ No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
- ☐ 3. ☐ Yes ☒ No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- ☐ 4. ☐ Yes ☒ No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- ☐ 5. ☐ Yes ☒ No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- ☐ 6. ☐ Yes ☒ No The family refuses access to the child, or there is reason to believe that the family is about to flee.

- | | | | |
|--------------------------|-----|---|--|
| <input type="checkbox"/> | 7. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | 8. | <input type="radio"/> Yes <input checked="" type="radio"/> No | The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | 9. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | 10. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child. |
| <input type="checkbox"/> | 11. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | 12. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | 13. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Other (<i>specify</i>): |

PART B: Protective Capacities

- | | | | |
|--------------------------|-----|--------------------------|---|
| <input type="checkbox"/> | 1. | <input type="checkbox"/> | Child has the cognitive, physical, and emotional capacity to participate in safety interventions. |
| <input type="checkbox"/> | 2. | <input type="checkbox"/> | Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions. |
| <input type="checkbox"/> | 3. | <input type="checkbox"/> | Caregiver has a willingness to recognize problems and threats placing the child in imminent danger. |
| <input type="checkbox"/> | 4. | <input type="checkbox"/> | Caregiver has ability to access resources to provide necessary safety interventions. |
| <input type="checkbox"/> | 5. | <input type="checkbox"/> | Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance. |
| <input type="checkbox"/> | 6. | <input type="checkbox"/> | At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave. |
| <input type="checkbox"/> | 7. | <input type="checkbox"/> | Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment. |
| <input type="checkbox"/> | 8. | <input type="checkbox"/> | There is evidence of a healthy relationship between caregiver and child. |
| <input type="checkbox"/> | 9. | <input type="checkbox"/> | Caregiver is aware of and committed to meeting the needs of the child. |
| <input type="checkbox"/> | 10. | <input type="checkbox"/> | Caregiver has history of effective problem solving. |
| <input type="checkbox"/> | 11. | <input type="checkbox"/> | Other (<i>specify</i>): |

SECTION 2: SAFETY INTERVENTIONS

|

|

SECTION 3: SAFETY DECISION

1. ✓ No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

SECTION 4: COMMENTS**Staff Person Comments:**

CSW had face to face contact with the children listed on the referral who reported that they felt safe in the home and in the care of their mother. Ms. [REDACTED] admitted to spanking [REDACTED] with the belt as she tried alternative methods of disciplining prior to resorting to this method. It was explained to Ms. [REDACTED] that this was considered inappropriate discipline and she was advised to continue use of alternate methods. Ms. [REDACTED] reports having problems with [REDACTED] and feels as though services could benefit the family as his behavioral problems are on going. Mother and significant other submitted to on demand test the following day which returned NEGATIVE results for any controlled substances.

Supervisor Comments:

No Supervisor Comments



Safety Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID: [REDACTED] Assessment Date: 4/21/2011
Referral Name: [REDACTED] IR Approving Unit: ER [REDACTED]
Created: 6/6/2011 by [REDACTED] County of Completion: Los Angeles
Approval Status: Approved 6/6/2011 by [REDACTED] Last Update: 6/6/2011 by [REDACTED]
Assessment Type: ☒ Initial ☐ Review/Update ☐ Referral Closing
Household Name: [REDACTED] Were there allegations in this household? ☒ Yes ☐ No

Factors Influencing Child Vulnerability

- ☐ Age 0-5 ☐ Diminished mental capacity (e.g., developmental delay, non-verbal)
☐ Significant diagnosed medical or mental disorder ☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
☐ School age, but not attending school

SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES

PART A: Safety Threats

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☐ Serious injury or abuse to child other than accidental.
☐ Caregiver fears he/she will maltreat the child.
☐ Threat to cause harm or retaliate against the child.
☐ Excessive discipline or physical force.
☐ Drug-exposed infant.
- ☐ 2. ☐ Yes ☒ No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
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- ☐ 4. ☐ Yes ☒ No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- ☐ 5. ☐ Yes ☒ No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- ☐ 6. ☐ Yes ☒ No The family refuses access to the child, or there is reason to believe that the family is about to flee.

- | | | |
|------------------------------|---|--|
| <input type="checkbox"/> 7. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> 8. | <input type="radio"/> Yes <input checked="" type="radio"/> No | The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> 9. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> 10. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child. |
| <input type="checkbox"/> 11. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> 12. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> 13. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Other (<i>specify</i>): |

PART B: Protective Capacities

- | | |
|------------------------------|--|
| <input type="checkbox"/> 1. | <input type="checkbox"/> Child has the cognitive, physical, and emotional capacity to participate in safety interventions. |
| <input type="checkbox"/> 2. | <input type="checkbox"/> Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions. |
| <input type="checkbox"/> 3. | <input type="checkbox"/> Caregiver has a willingness to recognize problems and threats placing the child in imminent danger. |
| <input type="checkbox"/> 4. | <input type="checkbox"/> Caregiver has ability to access resources to provide necessary safety interventions. |
| <input type="checkbox"/> 5. | <input type="checkbox"/> Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance. |
| <input type="checkbox"/> 6. | <input type="checkbox"/> At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave. |
| <input type="checkbox"/> 7. | <input type="checkbox"/> Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment. |
| <input type="checkbox"/> 8. | <input type="checkbox"/> There is evidence of a healthy relationship between caregiver and child. |
| <input type="checkbox"/> 9. | <input type="checkbox"/> Caregiver is aware of and committed to meeting the needs of the child. |
| <input type="checkbox"/> 10. | <input type="checkbox"/> Caregiver has history of effective problem solving. |
| <input type="checkbox"/> 11. | <input type="checkbox"/> Other (<i>specify</i>): |

SECTION 2: SAFETY INTERVENTIONS

|

|

SECTION 3: SAFETY DECISION

1. ✓ No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

SECTION 4: COMMENTS**Staff Person Comments:**

No Staff Comments

Supervisor Comments:

No Supervisor Comments



Safety Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID: [REDACTED] Assessment Date: 3/21/2007
Referral Name: [REDACTED] - AC N Hollywood Approving Unit: ER [REDACTED]
Created: 3/22/2007 by [REDACTED] County of Completion: Los Angeles
Approval Status: Approved 3/23/2007 by [REDACTED] Last Update: 3/22/2007 by [REDACTED]
Assessment Type: ☒ Initial ☐ Review/Update ☐ Referral Closing
Household Name: [REDACTED] Were there allegations in this household? ☒ Yes ☐ No

Factors Influencing Child Vulnerability

- ☒ Age 0-5 ☐ Diminished mental capacity (e.g., developmental delay, non-verbal)
☐ Significant diagnosed medical or mental disorder ☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
☐ School age, but not attending school

SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES

PART A: Safety Threats

- ☐ 1. ☐ Yes ☒ No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
☐ Serious injury or abuse to child other than accidental.
☐ Caregiver fears he/she will maltreat the child.
☐ Threat to cause harm or retaliate against the child.
☐ Excessive discipline or physical force.
☐ Drug-exposed infant.
- ☐ 2. ☐ Yes ☒ No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
- ☐ 3. ☐ Yes ☒ No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- ☐ 4. ☐ Yes ☒ No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- ☐ 5. ☐ Yes ☒ No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- ☐ 6. ☐ Yes ☒ No The family refuses access to the child, or there is reason to believe that the family is about to flee.
- ☐ 7. ☐ Yes ☒ No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or

- medical or mental health care.
- ☐ 8. ☐ Yes ☒ No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- ☐ 9. ☐ Yes ☒ No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- ☐ 10. ☐ Yes ☒ No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
- ☐ 11. ☐ Yes ☒ No Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- ☐ 12. ☐ Yes ☒ No Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- ☐ 13. ☐ Yes ☒ No Other (specify):

PART B: Protective Capacities

- ☐ 1. ☐ Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 2. ☒ Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 3. ☒ Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. ☒ Caregiver has ability to access resources to provide necessary safety interventions.
- ☐ 5. ☒ Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ 6. ☒ At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. ☒ Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- ☐ 8. ☒ There is evidence of a healthy relationship between caregiver and child.
- ☐ 9. ☒ Caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. ☒ Caregiver has history of effective problem solving.
- ☐ 11. ☐ Other (specify):

SECTION 2: SAFETY INTERVENTIONS

SECTION 3: SAFETY DECISION

1. ✓ No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

SECTION 4: COMMENTS**Staff Person Comments:**

No Staff Comments

Supervisor Comments:

No Supervisor Comments



Risk Assessment

PRODUCTION
Extract Date: 06/01/2013
Server: NCCDWEB1

Referral ID: [REDACTED]	Assessment Date: 5/23/2013
Referral Name: [REDACTED] - 5 Day	Approving Unit: ER - [REDACTED]
Created: 5/23/2013 by [REDACTED]	County of Completion: Los Angeles
Approval Status: Approved w/ Modifications 6/4/2013 by [REDACTED]	Last Update: 6/4/2013 by [REDACTED]

SECTION 1: NEGLECT INDEX

	SCORE
[?] N1. Current Report Is for Neglect	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] N2. Prior Investigations	3
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, <u>abuse</u> only	1
<input type="radio"/> c. One or two for <u>neglect</u>	2
<input checked="" type="radio"/> d. Three or more for <u>neglect</u>	3
[?] N3. Household Has Previously Received CPS (voluntary/court ordered)	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
[?] N4. Number of Children Involved in the Child Abuse/Neglect Incident	0
<input checked="" type="radio"/> a. One, two, or three	0
<input type="radio"/> b. Four or more	1
[?] N5. Age of Youngest Child in the Home	0
<input checked="" type="radio"/> a. Two or older	0
<input type="radio"/> b. Under two	1
[?] N6. Characteristics of Children in Household	1
<input type="radio"/> a. Not applicable	0
<input checked="" type="radio"/> b. One or more present	
<input type="checkbox"/> Developmental, learning, or physical disability	+1
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Learning	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Medically fragile or failure to thrive	+1
<input checked="" type="checkbox"/> Mental health or behavioral problem	+1
[?] N7. Primary Caregiver Provides Physical Care of the Child That Is	0

<input checked="" type="radio"/> a. Consistent with child needs	0	
<input type="radio"/> b. Inconsistent with child needs	1	
? N8. Primary Caregiver Has a History of Abuse or Neglect as a Child		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. Yes	1	
? N9. Primary Caregiver Has/Had a Mental Health Problem		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. Yes	1	
? N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem		2
<input type="radio"/> a. None/not applicable	0	
<input checked="" type="radio"/> b. One or more apply	2	
Alcohol		
<input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior to the last 12 months		
Drugs		
<input type="checkbox"/> Last 12 months <input checked="" type="checkbox"/> Prior to the last 12 months		
<input type="checkbox"/> Marijuana <input checked="" type="checkbox"/> Cocaine		
<input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other: <input type="text"/>		
<input type="checkbox"/> Heroin		
? N11. Primary Caregiver Has Criminal Arrest History		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. Yes	1	
? N12. Current Housing		0
<input checked="" type="radio"/> a. Not applicable	0	
<input type="radio"/> b. One or more apply	1	
<input type="checkbox"/> Physically unsafe		
<input type="checkbox"/> Family homeless		
TOTAL NEGLECT RISK SCORE		10

SECTION 2: ABUSE INDEX

		SCORE
<input type="checkbox"/> ?	A1. Current Report Is for Physical Abuse	0
<input checked="" type="radio"/>	a. No	0
<input type="radio"/>	b. Yes	1
<input type="checkbox"/> ?	A2. Number of Prior Investigations	2
<input type="radio"/>	a. None	-1
<input type="radio"/>	b. One or more, neglect only	0
<input type="radio"/>	c. One for abuse	1
<input checked="" type="radio"/>	d. Two or more for abuse	2
<input type="checkbox"/> ?	A3. Household Has Previously Received CPS (voluntary/court ordered)	1
<input type="radio"/>	a. No	0
<input checked="" type="radio"/>	b. Yes	1
<input type="checkbox"/> ?	A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child	0
<input checked="" type="radio"/>	a. None/not applicable	0
<input type="radio"/>	b. One or more apply	1
	<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
	<input type="checkbox"/> Prior substantiated physical abuse of a child	
<input type="checkbox"/> ?	A5. Number of Children Involved in the Child Abuse/Neglect Incident	0
<input checked="" type="radio"/>	a. One, two, or three	0
<input type="radio"/>	b. Four or more	1
<input type="checkbox"/> ?	A6. Characteristics of Children in Household	1
<input type="radio"/>	a. Not applicable	0
<input checked="" type="radio"/>	b. One or more present	1
	<input type="checkbox"/> Delinquency history	
	<input type="checkbox"/> Developmental disability	
	<input type="checkbox"/> Learning disability	
	<input checked="" type="checkbox"/> Mental health or behavioral problem	
<input type="checkbox"/> ?	A7. Two or More Incidents of Domestic Violence in the Household in the Past Year	0
<input checked="" type="radio"/>	a. No	0
<input type="radio"/>	b. Yes	1
<input type="checkbox"/> ?	A8. Primary Caregiver Employs Excessive/Inappropriate Discipline	0
<input checked="" type="radio"/>	a. No	0
<input type="radio"/>	b. Yes	1
<input type="checkbox"/> ?	A9. Primary Caregiver Is Domineering	0
<input checked="" type="radio"/>	a. No	0
<input type="radio"/>	b. Yes	1

<input checked="" type="radio"/> A10. Primary Caregiver Has a History of Abuse or Neglect as a Child		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
<input checked="" type="radio"/> A11. Primary Caregiver Has/Had a Mental Health Problem		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. One or more apply	1	
<input checked="" type="checkbox"/> During the last 12 months		
<input type="checkbox"/> Prior to the last 12 months		
TOTAL ABUSE RISK SCORE		5

SECTION 3: SCORING AND OVERRIDES**SCORED RISK LEVEL**

- ☐ Neglect Risk Level: **Very High**
☐ Abuse Risk Level: **High**
☐ Scored Risk Level: **Very High**

OVERRIDES**Policy Overrides** (*increases risk level to very high*)

- ☐ Policy override
- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
 - ☐ Non-accidental injury to a child under age two years.
 - ☐ Severe non-accidental injury.
 - ☐ Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Override (*increases risk level one level*)

- ☐ Discretionary override
Override risk level:

Discretionary Override Reason:**No Overrides** (*no change to risk level*)

- ☒ No override

FINAL RISK LEVEL

The final risk level is: **Very High**

RECOMMENDED DECISION

- ☐ The recommended decision is: **Promote**

Planned action: ☐ Promote ☒ Do Not Promote

If recommended decision and planned action do not match, explain why:

The current referral was generated to address sexual abuse in the home. Minor reported that he made it all up. All children deny all other forms of abuse in the home.

SECTION 4: SUPPLEMENTAL QUESTIONS**1. Primary Caregiver Characteristics**

- ☐ a. ☐ Yes ☒ No Blames child
- ☐ b. ☐ Yes ☒ No Provides insufficient emotional/psychological support

2. Secondary Caregiver Characteristics

☐ No Secondary Caregiver

- ☐ a. ☐ Yes ☒ No Has a history of abuse/neglect as a child
- ☐ b. ☐ Yes ☒ No Has/had mental health problem
- ☐ During the last 12 months
- ☐ Prior to the last 12 months
- ☐ c. ☐ Yes ☒ No Has/had an alcohol and/or drug problem
- Alcohol
- ☐ Last 12 months ☐ Prior 12 months
- Drugs
- ☐ Last 12 months ☐ Prior 12 months
- ☐ Marijuana ☐ Cocaine
- ☐ Methamphetamine ☐ Other:
- ☐ Heroin
- ☐ d. ☐ Yes ☒ No Employs excessive/inappropriate discipline
- ☐ e. ☐ Yes ☒ No Domineering
- ☐ f. ☒ Yes ☐ No Secondary caregiver has a criminal arrest history

SECTION 5: COMMENTS**Staff Person Comments:**

No Staff Comments

Supervisor Comments:

SCSW updated this risk assessment to show prior risk assessments and what was completed on those assessments such as abuse as a child, mental health and drug use in the past. This assessment is specifically for the sexual abuse referral however, a subsequent referral was called in on 5/23/13 for physical abuse which will have a risk assessment completed regarding those allegation.



Risk Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID:	██████████	Assessment Date:	5/23/2013
Referral Name:	██████████ ERCPLCMNTPALMJC	Approving Unit:	ERCP ON DUTY SCSW
Created:	5/26/2013 by ██████████	County of Completion:	Los Angeles
Approval Status:	Approved 5/28/2013 by ██████████	Last Update:	5/26/2013 by ██████████

SECTION 1: NEGLECT INDEX

	SCORE
[?] N1. Current Report Is for Neglect	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] N2. Prior Investigations	3
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, <u>abuse</u> only	1
<input type="radio"/> c. One or two for <u>neglect</u>	2
<input checked="" type="radio"/> d. Three or more for <u>neglect</u>	3
[?] N3. Household Has Previously Received CPS (voluntary/court ordered)	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
[?] N4. Number of Children Involved in the Child Abuse/Neglect Incident	0
<input checked="" type="radio"/> a. One, two, or three	0
<input type="radio"/> b. Four or more	1
[?] N5. Age of Youngest Child in the Home	0
<input checked="" type="radio"/> a. Two or older	0
<input type="radio"/> b. Under two	1
[?] N6. Characteristics of Children in Household	1
<input type="radio"/> a. Not applicable	0
<input checked="" type="radio"/> b. One or more present	
<input type="checkbox"/> Developmental, learning, or physical disability	+1
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Learning	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Medically fragile or failure to thrive	+1
<input checked="" type="checkbox"/> Mental health or behavioral problem	+1
[?] N7. Primary Caregiver Provides Physical Care of the Child That Is	1
<input type="radio"/> a.	

<input type="radio"/> Consistent with child needs	0	
<input checked="" type="radio"/> b. Inconsistent with child needs	1	
[?] N8. Primary Caregiver Has a History of Abuse or Neglect as a Child		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N9. Primary Caregiver Has/Had a Mental Health Problem		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem		2
<input type="radio"/> a. None/not applicable	0	
<input checked="" type="radio"/> b. One or more apply	2	
Alcohol		
<input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior to the last 12 months		
Drugs		
<input type="checkbox"/> Last 12 months <input checked="" type="checkbox"/> Prior to the last 12 months		
<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine		
<input checked="" type="checkbox"/> Methamphetamine <input type="checkbox"/> Other: <input type="text"/>		
<input type="checkbox"/> Heroin		
[?] N11. Primary Caregiver Has Criminal Arrest History		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N12. Current Housing		0
<input checked="" type="radio"/> a. Not applicable	0	
<input type="radio"/> b. One or more apply	1	
<input type="checkbox"/> Physically unsafe		
<input type="checkbox"/> Family homeless		
TOTAL NEGLECT RISK SCORE	8	

SECTION 2: ABUSE INDEX

		SCORE
<input type="checkbox"/> ?	A1. Current Report Is for Physical Abuse	1
	<input type="radio"/> a. No	0
	<input checked="" type="radio"/> b. Yes	1
<input type="checkbox"/> ?	A2. Number of Prior Investigations	2
	<input type="radio"/> a. None	-1
	<input type="radio"/> b. One or more, neglect only	0
	<input type="radio"/> c. One for abuse	1
	<input checked="" type="radio"/> d. Two or more for abuse	2
<input type="checkbox"/> ?	A3. Household Has Previously Received CPS (voluntary/court ordered)	1
	<input type="radio"/> a. No	0
	<input checked="" type="radio"/> b. Yes	1
<input type="checkbox"/> ?	A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child	0
	<input checked="" type="radio"/> a. None/not applicable	0
	<input type="radio"/> b. One or more apply	1
	<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
	<input type="checkbox"/> Prior substantiated physical abuse of a child	
<input type="checkbox"/> ?	A5. Number of Children Involved in the Child Abuse/Neglect Incident	0
	<input checked="" type="radio"/> a. One, two, or three	0
	<input type="radio"/> b. Four or more	1
<input type="checkbox"/> ?	A6. Characteristics of Children in Household	1
	<input type="radio"/> a. Not applicable	0
	<input checked="" type="radio"/> b. One or more present	1
	<input type="checkbox"/> Delinquency history	
	<input type="checkbox"/> Developmental disability	
	<input type="checkbox"/> Learning disability	
	<input checked="" type="checkbox"/> Mental health or behavioral problem	
<input type="checkbox"/> ?	A7. Two or More Incidents of Domestic Violence in the Household in the Past Year	1
	<input type="radio"/> a. No	0
	<input checked="" type="radio"/> b. Yes	1
<input type="checkbox"/> ?	A8. Primary Caregiver Employs Excessive/Inappropriate Discipline	1
	<input type="radio"/> a. No	0
	<input checked="" type="radio"/> b. Yes	1
<input type="checkbox"/> ?	A9. Primary Caregiver Is Domineering	1
	<input type="radio"/> a. No	0
	<input checked="" type="radio"/> b. Yes	1

? A10. Primary Caregiver Has a History of Abuse or Neglect as a Child

- ☒ a. No
☐ b. Yes

0
1

0**? A11. Primary Caregiver Has/Had a Mental Health Problem**

- ☒ a. No
☐ b. One or more apply
☐ During the last 12 months
☐ Prior to the last 12 months

0
1

0**TOTAL ABUSE RISK SCORE****8**

SECTION 3: SCORING AND OVERRIDES**SCORED RISK LEVEL**

- ☐ Neglect Risk Level: **High**
- ☐ Abuse Risk Level: **Very High**
- ☐ Scored Risk Level: **Very High**

OVERRIDES**Policy Overrides** (*increases risk level to very high*)

- ☒ Policy override
- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
 - ☐ Non-accidental injury to a child under age two years.
 - ☐ Severe non-accidental injury.
 - ☒ Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Override (*increases risk level one level*)

- ☐ Discretionary override
- Override risk level:

Discretionary Override Reason:**No Overrides** (*no change to risk level*)

- ☐ No override

FINAL RISK LEVEL

The final risk level is: **Very High**

RECOMMENDED DECISION

- ☐ The recommended decision is: **Promote**

Planned action: ☒ Promote ☐ Do Not Promote

If recommended decision and planned action do not match, explain why:

SECTION 4: SUPPLEMENTAL QUESTIONS**1. Primary Caregiver Characteristics**

- ☐ a. ☒ Yes ☐ No Blames child
- ☐ b. ☒ Yes ☐ No Provides insufficient emotional/psychological support

2. Secondary Caregiver Characteristics

☒ No Secondary Caregiver

- ☐ a. ☐ Yes ☐ No Has a history of abuse/neglect as a child
- ☐ b. ☐ Yes ☐ No Has/had mental health problem
- ☐ During the last 12 months
- ☐ Prior to the last 12 months
- ☐ c. ☐ Yes ☐ No Has/had an alcohol and/or drug problem
- Alcohol
- ☐ Last 12 months ☐ Prior 12 months
- Drugs
- ☐ Last 12 months ☐ Prior 12 months
- ☐ Marijuana ☐ Cocaine
- ☐ Methamphetamine ☐ Other:
- ☐ Heroin
- ☐ d. ☐ Yes ☐ No Employs excessive/inappropriate discipline
- ☐ e. ☐ Yes ☐ No Domineering
- ☐ f. ☐ Yes ☐ No Secondary caregiver has a criminal arrest history

SECTION 5: COMMENTS

Staff Person Comments:

No Staff Comments

Supervisor Comments:

No Supervisor Comments



Risk Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID:	[REDACTED]	Assessment Date:	12/28/2012
Referral Name:	[REDACTED] - A C 10 30 12	Approving Unit:	ER - [REDACTED]
Created:	12/28/2012 by [REDACTED]	County of Completion:	Los Angeles
Approval Status:	Approved 12/28/2012 by [REDACTED]	Last Update:	12/28/2012 by [REDACTED]

SECTION 1: NEGLECT INDEX

	SCORE
[?] N1. Current Report Is for Neglect	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] N2. Prior Investigations	3
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, <u>abuse</u> only	1
<input type="radio"/> c. One or two for <u>neglect</u>	2
<input checked="" type="radio"/> d. Three or more for <u>neglect</u>	3
[?] N3. Household Has Previously Received CPS (voluntary/court ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] N4. Number of Children Involved in the Child Abuse/Neglect Incident	0
<input checked="" type="radio"/> a. One, two, or three	0
<input type="radio"/> b. Four or more	1
[?] N5. Age of Youngest Child in the Home	0
<input checked="" type="radio"/> a. Two or older	0
<input type="radio"/> b. Under two	1
[?] N6. Characteristics of Children in Household	1
<input type="radio"/> a. Not applicable	0
<input checked="" type="radio"/> b. One or more present	
<input type="checkbox"/> Developmental, learning, or physical disability	+1
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Learning	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Medically fragile or failure to thrive	+1
<input checked="" type="checkbox"/> Mental health or behavioral problem	+1
[?] N7. Primary Caregiver Provides Physical Care of the Child That Is	0

<input checked="" type="radio"/> a. Consistent with child needs	0	
<input type="radio"/> b. Inconsistent with child needs	1	
[?] N8. Primary Caregiver Has a History of Abuse or Neglect as a Child		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. Yes	1	
[?] N9. Primary Caregiver Has/Had a Mental Health Problem		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. Yes	1	
[?] N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem		2
<input type="radio"/> a. None/not applicable	0	
<input checked="" type="radio"/> b. One or more apply	2	
Alcohol		
<input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior to the last 12 months		
Drugs		
<input type="checkbox"/> Last 12 months <input checked="" type="checkbox"/> Prior to the last 12 months		
<input type="checkbox"/> Marijuana <input checked="" type="checkbox"/> Cocaine		
<input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other:		
<input type="checkbox"/> Heroin <input type="text"/>		
[?] N11. Primary Caregiver Has Criminal Arrest History		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N12. Current Housing		0
<input checked="" type="radio"/> a. Not applicable	0	
<input type="radio"/> b. One or more apply	1	
<input type="checkbox"/> Physically unsafe		
<input type="checkbox"/> Family homeless		
TOTAL NEGLECT RISK SCORE		8

SECTION 2: ABUSE INDEX

	SCORE
[?] A1. Current Report Is for Physical Abuse	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
[?] A2. Number of Prior Investigations	2
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, neglect only	0
<input type="radio"/> c. One for abuse	1
<input checked="" type="radio"/> d. Two or more for abuse	2
[?] A3. Household Has Previously Received CPS (voluntary/court ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child	0
<input checked="" type="radio"/> a. None/not applicable	0
<input type="radio"/> b. One or more apply	1
<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
<input type="checkbox"/> Prior substantiated physical abuse of a child	
[?] A5. Number of Children Involved in the Child Abuse/Neglect Incident	0
<input checked="" type="radio"/> a. One, two, or three	0
<input type="radio"/> b. Four or more	1
[?] A6. Characteristics of Children in Household	1
<input type="radio"/> a. Not applicable	0
<input checked="" type="radio"/> b. One or more present	1
<input type="checkbox"/> Delinquency history	
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input checked="" type="checkbox"/> Mental health or behavioral problem	
[?] A7. Two or More Incidents of Domestic Violence in the Household in the Past Year	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] A8. Primary Caregiver Employs Excessive/Inappropriate Discipline	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
[?] A9. Primary Caregiver Is Domineering	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1

? A10. Primary Caregiver Has a History of Abuse or Neglect as a Child

- ☐ a. No
☒ b. Yes

0
1
1

? A11. Primary Caregiver Has/Had a Mental Health Problem

- ☐ a. No
☒ b. One or more apply
☒ During the last 12 months
☐ Prior to the last 12 months

0
1
1

TOTAL ABUSE RISK SCORE 7

SECTION 3: SCORING AND OVERRIDES**SCORED RISK LEVEL**

- ☒ Neglect Risk Level: **High**
- ☒ Abuse Risk Level: **Very High**
- ☒ Scored Risk Level: **Very High**

OVERRIDES**Policy Overrides** (*increases risk level to very high*)

- ☐ Policy override
- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
 - ☐ Non-accidental injury to a child under age two years.
 - ☐ Severe non-accidental injury.
 - ☐ Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Override (*increases risk level one level*)

- ☐ Discretionary override
- Override risk level:

Discretionary Override Reason:**No Overrides** (*no change to risk level*)

- ☒ No override

FINAL RISK LEVEL

The final risk level is: **Very High**

RECOMMENDED DECISION

- ☒ The recommended decision is: **Promote**
- Planned action: ☒ Promote ☐ Do Not Promote

If recommended decision and planned action do not match, explain why:

SECTION 4: SUPPLEMENTAL QUESTIONS**1. Primary Caregiver Characteristics**

- ☐ a. ☐ Yes ☒ No Blames child
- ☐ b. ☐ Yes ☒ No Provides insufficient emotional/psychological support

2. Secondary Caregiver Characteristics

☐ No Secondary Caregiver

- ☐ a. ☐ Yes ☒ No Has a history of abuse/neglect as a child
- ☐ b. ☐ Yes ☒ No Has/had mental health problem
- ☐ During the last 12 months
- ☐ Prior to the last 12 months
- ☐ c. ☐ Yes ☒ No Has/had an alcohol and/or drug problem
- Alcohol
- ☐ Last 12 months ☐ Prior 12 months
- Drugs
- ☐ Last 12 months ☐ Prior 12 months
- ☐ Marijuana ☐ Cocaine
- ☐ Methamphetamine ☐ Other:
- ☐ Heroin
- ☐ d. ☐ Yes ☒ No Employs excessive/inappropriate discipline
- ☐ e. ☐ Yes ☒ No Domineering
- ☐ f. ☐ Yes ☒ No Secondary caregiver has a criminal arrest history

SECTION 5: COMMENTS**Staff Person Comments:**

Ms. [REDACTED] reports on going behavioral problems with minor [REDACTED] (7) indicating that she is willing to accept services for him and that she feels as though mental health services will benefit the family. In addition, Ms. [REDACTED] also agreed to a UFA. On 11/27/2012, a FP screening was conducted and the case was accepted to receive FP services. On 11/27/2012, CSW contacted mother to inform her that the case was accepted, where she indicated she was still interested in services. As a result, this CSW will promote this referral on a Voluntary Family Maintenance basis for continued supervision by the Department and implementation of Family Preservation services.

Supervisor Comments:

No Supervisor Comments



Risk Assessment

PRODUCTION
Extract Date: 05/28/2013
Server: NCCDWEB1

Referral ID:	██████████	Assessment Date:	6/8/2011
Referral Name:	██████████ IR	Approving Unit:	ER ██████████
Created:	6/8/2011 by ██████████	County of Completion:	Los Angeles
Approval Status:	Approved 6/13/2011 by ██████████	Last Update:	6/8/2011 by ██████████

SECTION 1: NEGLECT INDEX

		SCORE
<input type="checkbox"/> N1. Current Report Is for Neglect		1
<input type="radio"/> a. No	0	
<input checked="" type="radio"/> b. Yes	1	
<input type="checkbox"/> N2. Prior Investigations		2
<input type="radio"/> a. None	-1	
<input type="radio"/> b. One or more, <u>abuse</u> only	1	
<input checked="" type="radio"/> c. One or two for <u>neglect</u>	2	
<input type="radio"/> d. Three or more for <u>neglect</u>	3	
<input type="checkbox"/> N3. Household Has Previously Received CPS (voluntary/court ordered)		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
<input type="checkbox"/> N4. Number of Children Involved in the Child Abuse/Neglect Incident		0
<input checked="" type="radio"/> a. One, two, or three	0	
<input type="radio"/> b. Four or more	1	
<input type="checkbox"/> N5. Age of Youngest Child in the Home		0
<input checked="" type="radio"/> a. Two or older	0	
<input type="radio"/> b. Under two	1	
<input type="checkbox"/> N6. Characteristics of Children in Household		0
<input checked="" type="radio"/> a. Not applicable	0	
<input type="radio"/> b. One or more present		
<input type="checkbox"/> Developmental, learning, or physical disability	+1	
<input type="checkbox"/> Developmental		
<input type="checkbox"/> Learning		
<input type="checkbox"/> Physical		
<input type="checkbox"/> Medically fragile or failure to thrive	+1	
<input type="checkbox"/> Mental health or behavioral problem	+1	
<input type="checkbox"/> N7. Primary Caregiver Provides Physical Care of the Child That Is		0
<input checked="" type="radio"/> a.		

<input type="radio"/> Consistent with child needs	0	
<input type="radio"/> b. Inconsistent with child needs	1	
[?] N8. Primary Caregiver Has a History of Abuse or Neglect as a Child		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N9. Primary Caregiver Has/Had a Mental Health Problem		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem		0
<input checked="" type="radio"/> a. None/not applicable	0	
<input type="radio"/> b. One or more apply	2	
Alcohol		
<input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior to the last 12 months		
Drugs		
<input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior to the last 12 months		
<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine		
<input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other:		
<input type="checkbox"/> Heroin		
[?] N11. Primary Caregiver Has Criminal Arrest History		0
<input checked="" type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
[?] N12. Current Housing		0
<input checked="" type="radio"/> a. Not applicable	0	
<input type="radio"/> b. One or more apply	1	
<input type="checkbox"/> Physically unsafe		
<input type="checkbox"/> Family homeless		
TOTAL NEGLECT RISK SCORE	3	

SECTION 2: ABUSE INDEX

	SCORE
[?] A1. Current Report Is for Physical Abuse	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] A2. Number of Prior Investigations	2
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, neglect only	0
<input type="radio"/> c. One for abuse	1
<input checked="" type="radio"/> d. Two or more for abuse	2
[?] A3. Household Has Previously Received CPS (voluntary/court ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child	0
<input checked="" type="radio"/> a. None/not applicable	0
<input type="radio"/> b. One or more apply	1
<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
<input type="checkbox"/> Prior substantiated physical abuse of a child	
[?] A5. Number of Children Involved in the Child Abuse/Neglect Incident	1
<input type="radio"/> a. One, two, or three	0
<input checked="" type="radio"/> b. Four or more	1
[?] A6. Characteristics of Children in Household	0
<input checked="" type="radio"/> a. Not applicable	0
<input type="radio"/> b. One or more present	1
<input type="checkbox"/> Delinquency history	
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Mental health or behavioral problem	
[?] A7. Two or More Incidents of Domestic Violence in the Household in the Past Year	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] A8. Primary Caregiver Employs Excessive/Inappropriate Discipline	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
[?] A9. Primary Caregiver Is Domineering	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1

? A10. Primary Caregiver Has a History of Abuse or Neglect as a Child

- ☒ a. No
☐ b. Yes

0
1

? A11. Primary Caregiver Has/Had a Mental Health Problem

- ☒ a. No
☐ b. One or more apply
☐ During the last 12 months
☐ Prior to the last 12 months

0
1

TOTAL ABUSE RISK SCORE 3

SECTION 3: SCORING AND OVERRIDES**SCORED RISK LEVEL**

? Neglect Risk Level: **Moderate**

? Abuse Risk Level: **Moderate**

? Scored Risk Level: **Moderate**

OVERRIDES**Policy Overrides** (*increases risk level to very high*)

☐ Policy override

- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Non-accidental injury to a child under age two years.
- ☐ Severe non-accidental injury.
- ☐ Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Override (*increases risk level one level*)

☐ Discretionary override

Override risk level:

Discretionary Override Reason:**No Overrides** (*no change to risk level*)

☒ No override

FINAL RISK LEVEL

The final risk level is: **Moderate**

RECOMMENDED DECISION

? The recommended decision is: **Do Not Promote**

Planned action: ☐ Promote ☒ Do Not Promote

If recommended decision and planned action do not match, explain why:

SECTION 4: SUPPLEMENTAL QUESTIONS**1. Primary Caregiver Characteristics**

- ☐ a. ☐ Yes ☒ No Blames child
- ☐ b. ☐ Yes ☒ No Provides insufficient emotional/psychological support

2. Secondary Caregiver Characteristics

☐ No Secondary Caregiver

- ☐ a. ☐ Yes ☒ No Has a history of abuse/neglect as a child
- ☐ b. ☐ Yes ☒ No Has/had mental health problem
- ☐ During the last 12 months
- ☐ Prior to the last 12 months
- ☐ c. ☐ Yes ☒ No Has/had an alcohol and/or drug problem
- Alcohol
- ☐ Last 12 months ☐ Prior 12 months
- Drugs
- ☐ Last 12 months ☐ Prior 12 months
- ☐ Marijuana ☐ Cocaine
- ☐ Methamphetamine ☐ Other:
- ☐ Heroin
- ☐ d. ☐ Yes ☒ No Employs excessive/inappropriate discipline
- ☐ e. ☐ Yes ☒ No Domineering
- ☐ f. ☐ Yes ☒ No Secondary caregiver has a criminal arrest history

SECTION 5: COMMENTS

Staff Person Comments:

No Staff Comments

Supervisor Comments:

No Supervisor Comments

History & Physical (IP Physician)

* Preliminary Report *

Result Type: History & Physical (IP Physician)
Result Date: May 23, 2013 11:00
Result Status: Unauth
Performed By: [REDACTED] MD, [REDACTED] on May 24, 2013 05:38
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Preliminary Report *

History & Physical

DO NOT USE PROHIBITED ABBREVIATIONS

Chief Complaint: Polytrauma

History of Present Illness: [REDACTED] is an 8 year old male that was found in cardiopulmonary arrest by EMT after his parents called 911 reporting that he had "fell in the bath." CPR was initiated and lasted at least 15 minutes per report, the result of which is that he regained spontaneous circulation. He arrived at [REDACTED] where a blood gas was 6.96/51/156/-21. He received aggressive fluid resuscitation including 5 units of pRBCs (hgb ~4 -> hgb ~14) and 2 of FFP. He received crystalloid resuscitation as well. He remained with a GCS of 3 throughout this chain of events and without spontaneous respirations. His CXR had a white out of his RUL, his head and neck CT showed a small right parietal hematoma, right tentorial subdural hematoma, questionable right parietal punctate lesion, air in the right mastoid space, traumatic extraction of upper incisors, deviation of the nasal septum, no c-spine fx, and diffuse soft tissue edema circumferentially around the neck. The chest and abdominal plain films showed opacities in the lung fields likely representing pulmonary contusion, metallic objects lodged beneath the skin thought to be beebees, and several rib fractures with callous formation. Attempts to oxygenate and ventilate him were met with difficulty. Even with spontaneous cardiovascular circulation he kept his sats in the 60's for a long time. Neurosurgery evaluated him at the OSH and determined that there was nothing to be gained from draining the ICH. [REDACTED] was transferred to [REDACTED] for a higher level of pediatric trauma care. CT Scan of the abdomen also showed Grade 3-4 liver laceration and pt was transfused multiple units at OSH prior to transfer.

Unable to obtain history - parents in police custody and child unconscious. The police arrested the parents and took the two siblings out of the house and a forensics team has already taken extensive photos of the injuries he sustained.

Review of Systems: _Unobtainable

Past Medical History: _Unobtainable

Past Surgical History: _Unobtainable

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 1 of 8
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Birth History: _Unobtainable
Developmental History: _Unobtainable
Nutrition: _Unobtainable

Allergies: No known allergies

Home Medications: _Unobtainable

Immunizations: _Unobtainable

Family History: _Unobtainable
Social History: _Unobtainable

PMD Name: _
PMD Phone Number: _

PHYSICAL EXAMINATION

Growth Parameters

Weight:	[REDACTED]	(05/23/13 06:00)	Weight Percentile:	65%
Height:	-		Height Percentile:	-
Head Circumference:	-		Circumference Percentile:	-

Vital Signs

TMAX:	0.00	
Heart Rate	135 bpm	(05/24/13 04:05)
Respiratory Rate	14 Breaths/Min	(05/24/13 04:05)
Systolic Blood Pressure	92 mm HG	(05/23/13 20:00)
Diastolic Blood Pressure	73 mm HG	(05/23/13 20:00)
Art. Systolic Blood Pressure	149 mm HG	(05/24/13 04:00)
Art. Diastolic Blood Pressure	107 mm HG	(05/24/13 04:00)
Arterial Line MAP	124 mm HG	(05/24/13 04:00)
CVP	16 mm HG	(05/24/13 04:00)

General Appearance: Battered, malnourished young man intubated lying motionless
HEENT: Depressed skull fracture on crown with overlying fluctuant hematoma, raccoon eyes
Neck: circumferential abrasion
Chest: Left chest rises more than right chest
Respiratory: Coarse lung sounds b/l

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 2 of 8
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Cardiovascular: RRR, S1 and S2

Abdomen: Rigid, distended abdomen, no bowel sounds, with ecchymosis

GU: uncircumcised male, foley in place right femoral cordis, left femoral A line. Trauma to just above penis (laceration)

Extremities: cool, thready pulses, injuries as below

Neurological: No spontaneous movements, pupils 4 mm and fixed, no response to pain, no doll's eyes

Skin: Multiple bruises, ulcers, and abrasions in various stages of healing. Several hard subcutaneous lumps which x-ray reveals to be beebees. Notable is the 4-5 cm wide circumferential abrasion on his neck, the 4 cm long laceration on his mons pubis extending deep into the subcutaneous tissue, hardened ridged skin on right upper arm

Musculoskeletal: Palpable deformities of the ribs on right lower lateral thorax, swelling and fluctuance of left hand and some of the left fingers, large fluctuance over left knee

Labs (last 24 hrs)Blood Cell Count (05/23 16:45)

8.67	16.6	165
/ 47.2 \		

RBC: 5.61
MCV: 84.1
MCH: 29.6
MCHC: 35.2

MPV: 10.2
RDW-CV: 17.5
NRBC Percent: 0.4

Blood Cell Count (05/24 04:05)

15.11	14.2	152
/ 40.7 \		

RBC: 4.87
MCV: 83.6
MCH: 29.2
MCHC: 34.9

MPV: 9.9
RDW-CV: 17.5
NRBC Percent: 0.6

Chem Panel (05/23 16:45)

159	118	25	115	Ca:6.3
3.5	26	0.91		

Anion Gap: 15

Blood Cell Count (05/23 22:30)

14.02	16.0	185
/ 45.1 \		

RBC: 5.41
MCV: 83.4
MCH: 29.6
MCHC: 35.5

MPV: 10.2
RDW-CV: 17.4
NRBC Percent: 0.6

Chem Panel (05/23 22:30)

163	122	25	116	Ca:6.9
3.9	26	0.96		

Anion Gap: 15

Printed by:

Printed on: 05/24/13 08:28

Page 3 of 8
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Chem Panel (05/24 04:05)

166	125	26	/ 123 Ca:6.5
3.7	25	0.97	

Anion Gap: 16
 Protein Total: 5.5
 Albumin: 2.4
 Bilirubin: 2.0

AST: 125
 ALT: 115
 Alk Phos: 221

05/23 05:47

Blood Gas

BG crit action:
 BG crit notify:
 BG notify D/T:
 BG read back:

Arterial Blood

ABG Comment:
 ABG pH: 7.18 Unit
 ABG pCO₂: 60 mm HG
 ABG pO₂: 62 mm HG
 ABG HCO₃: 22 mEq/L
 ABG TCO₂: 24 mEq/L
 ABG BE: -7.3 mEq/L
 ABG O₂ Sat: 84 %
 ABG FIO₂: 100 %

Whole Blood Testing

Calcium Ionized: 3.3 mg/dL
 Lactate, WB: 69.3 mg/dL
 Sodium WB: 148 mEq/L
 Potassium WB: 2.8 mEq/L
 Glucose WB: 109 mg/dL
 Hemoglobin POC: 16.0 g/dL
 Hematocrit POC: 47.0 %

05/23 08:50

Blood Gas

BG crit action:
 BG crit notify:
 BG notify D/T:

BG crit action:

BG crit notify:

BG notify D/T:

BG read back:

Arterial Blood

ABG Comment:

ABG pH: 7.00 Unit

ABG pCO₂: 118 mm HGABG pO₂: 110 mm HGABG HCO₃: 29 mEq/LABG TCO₂: 32 mEq/L

ABG BE: -6.4 mEq/L

ABG O₂ Sat: 94 %ABG FIO₂: 100 %

Whole Blood Testing

Calcium Ionized: 3.6 mg/dL
 Lactate, WB: 48.1 mg/dL
 Sodium WB: 149 mEq/L
 Potassium WB: 3.5 mEq/L
 Glucose WB: 116 mg/dL
 Hemoglobin POC: 16.1 g/dL
 Hematocrit POC: 47.0 %

05/23 16:44

Blood Gas

BG crit action:

BG crit notify:

BG notify D/T:

BG read back:

Arterial Blood

Mono% M: 2 %

Meta% M: 1 %

Abs Neut Calculated: 12.90 K/uL

Abs Mono Calculated: 0.28 K/uL

Red Cell Morphology

RBC Morph: Reviewed

Toxic Gran: Present

Dohle Body: Present

Polychromasia: Present

Burr Cell: Present

Schistocyte: Few

05/23 22:30

Routine Coagulation

PT: 16.8 sec

PT - Ref: 10.8

PT - INR: 1.6

PTT: 24 sec

PTT - Ref: 26

Fibrinogen Level: 690 mg%

D-Dimer Quantitative: >34.11
mg/L FEU

05/23 22:30

Blood Chemistry

Magnesium Lvl: 1.6 mg/dL

Phosphorus: 4.9 mg/dL

05/24 00:51

Blood Gas

BG crit action:

BG crit notify:

Printed by: [REDACTED]
 Printed on: 05/24/13 08:28

Page 4 of 8
 (Continued)

History & Physical (IP Physician)

* Preliminary Report *

BG read back:

Arterial Blood

ABG Comment:

ABG pH: 7.32 Unit

ABG pCO₂: 33 mm HGABG pO₂: 240 mm HGABG HCO₃: 17 mEq/LABG TCO₂: 18 mEq/L

ABG BE: -7.9 mEq/L

ABG O₂ Sat: 100 %ABG FIO₂: 100 %**Whole Blood Testing**

Calcium Ionized: 2.2 mg/dL

Lactate, WB: 41.3 mg/dL

Sodium WB: 155 mEq/L

Potassium WB: 2.4 mEq/L

Glucose WB: 82 mg/dL

Hemoglobin POC: 12.4 g/dL

Hematocrit POC: 36.0 %

05/23 09:53**Blood Gas**

BG crit action:

BG crit notify:

BG notify D/T:

BG read back:

Arterial Blood

ABG Comment:

ABG pH: 7.36 Unit

ABG pCO₂: 35 mm HGABG pO₂: 393 mm HGABG HCO₃: 20 mEq/LABG TCO₂: 21 mEq/L

ABG BE: -4.5 mEq/L

ABG O₂ Sat: 100 %ABG FIO₂: 100 %**Whole Blood Testing**

Calcium Ionized: 3.2 mg/dL

Lactate, WB: 50.1 mg/dL

Sodium WB: 152 mEq/L

ABG Comment:

ABG pH: 7.42 Unit

ABG pCO₂: 35 mm HGABG pO₂: 468 mm HGABG HCO₃: 22 mEq/LABG TCO₂: 24 mEq/L

ABG BE: -1.3 mEq/L

ABG O₂ Sat: 100 %ABG FIO₂: 100 %**Whole Blood Testing**

Calcium Ionized: 3.0 mg/dL

Lactate, WB: 34.3 mg/dL

Sodium WB: 157 mEq/L

Potassium WB: 3.8 mEq/L

Glucose WB: 112 mg/dL

Hemoglobin POC: 15.5 g/dL

Hematocrit POC: 45.0 %

05/23 16:45**Routine Coagulation**

PT: 15.4 sec

PT - Ref: 10.8

PT - INR: 1.5

PTT: 23 sec

PTT - Ref: 26

Fibrinogen Level: 448 mg%

D-Dimer Quantitative: 34.11

mg/L FEU

Differential Manual

Seg% M: 47 %

Band% M: 38 %

Lymph% M: 2 %

Mono% M: 7 %

Meta% M: 6 %

Abs Neut Calculated: 7.37 K/uL

Abs Mono Calculated: 0.61 K/uL

Red Cell Morphology

RBC Morph: Reviewed

Polychromasia: Present

Schistocyte: Few

BG notify D/T:

BG read back:

Arterial Blood

ABG Comment:

ABG pH: 7.49 Unit

ABG pCO₂: 28 mm HGABG pO₂: 464 mm HGABG HCO₃: 22 mEq/LABG TCO₂: 23 mEq/L

ABG BE: -.5 mEq/L

ABG O₂ Sat: 100 %ABG FIO₂: 100 %**Whole Blood Testing**

Calcium Ionized: 3.8 mg/dL

Lactate, WB: 52.6 mg/dL

Sodium WB: 158 mEq/L

Potassium WB: 3.9 mEq/L

Glucose WB: 121 mg/dL

Hemoglobin POC: 14.1 g/dL

Hematocrit POC: 42.0 %

05/24 01:03**Blood Gas**

BG crit action:

BG crit notify:

BG notify D/T:

BG read back:

Arterial Blood

ABG pH: 7.23 Unit

ABG pCO₂: 63 mm HGABG pO₂: 160 mm HGABG HCO₃: 26 mEq/LABG TCO₂: 28 mEq/L

ABG BE: -2.7 mEq/L

ABG O₂ Sat: 99 %ABG FIO₂: 100 %**Whole Blood Testing**

Calcium Ionized: 3.9 mg/dL

Lactate, WB: 45.8 mg/dL

Sodium WB: 159 mEq/L

Printed by:

Printed on: 05/24/13 08:28

Page 5 of 8
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Potassium WB: 3.0 mEq/L
 Glucose WB: 108 mg/dL
 Hemoglobin POC: 14.7 g/dL
 Hematocrit POC: 43.0 %

05/23 10:13

Blood Gas

BG crit action:
 BG crit notify:
 BG notify D/T:
 BG read back:

Arterial Blood

ABG pH: 7.07 Unit
 ABG pCO₂: 93 mm HG
 ABG pO₂: 98 mm HG
 ABG HCO₃: 27 mEq/L
 ABG TCO₂: 30 mEq/L
 ABG BE: -6.0 mEq/L
 ABG O₂ Sat: 93 %
 ABG FIO₂: 100 %

Whole Blood Testing

Calcium Ionized: 3.7 mg/dL
 Lactate, WB: 50.3 mg/dL
 Sodium WB: 150 mEq/L
 Potassium WB: 3.4 mEq/L
 Glucose WB: 113 mg/dL
 Hemoglobin POC: 16.1 g/dL
 Hematocrit POC: 47.0 %

05/23 10:21

Blood Gas

05/23 20:14

Blood Gas

BG crit action:
 BG crit notify:
 BG notify D/T:
 BG read back:

Arterial Blood

ABG Comment:
 ABG pH: 7.46 Unit
 ABG pCO₂: 34 mm HG
 ABG pO₂: 444 mm HG
 ABG HCO₃: 24 mEq/L
 ABG TCO₂: 25 mEq/L
 ABG BE: .7 mEq/L
 ABG O₂ Sat: 100 %
 ABG FIO₂: 100 %

Whole Blood Testing

Calcium Ionized: 3.5 mg/dL
 Lactate, WB: 50.0 mg/dL
 Sodium WB: 157 mEq/L
 Potassium WB: 4.1 mEq/L
 Glucose WB: 113 mg/dL
 Hemoglobin POC: 17.3 g/dL
 Hematocrit POC: 51.0 %

05/23 22:30

Differential Manual

Seg% M: 59 %
 Band% M: 33 %
 Lymph% M: 5 %

Potassium WB: 3.9 mEq/L
 Glucose WB: 127 mg/dL
 Hemoglobin POC: 14.9 g/dL
 Hematocrit POC: 44.0 %

05/24 04:05

Routine Coagulation

PT: 17.8 sec
 PT - Ref: 10.8
 PT - INR: 1.8
 PTT: 25 sec
 PTT - Ref: 26
 Fibrinogen Level: 695 mg%
 D-Dimer Quantitative: >34.11
 mg/L FEU

Differential Manual

Seg% M: 47 %
 Band% M: 38 %
 Lymph% M: 9 %
 Mono% M: 2 %
 Meta% M: 3 %
 Myelo% M: 1 %
 Abs Neut Calculated: 12.84 K/uL
 Abs Mono Calculated: 0.30 K/uL

Red Cell Morphology

RBC Morph: Reviewed
 Toxic Gran: Present
 Dohle Body: Present
 Polychromasia: Present
 Burr Cell: Present
 Schistocyte: Few

**Preliminary Micro
BACTERIOLOGY**

(Pre - 05/23/13 10:41)
 Drawn 05/23/13 05:30
 No growth to date

Positive Micro (last 36 hrs)

None

Negative Micro (last 36 hrs)

None

ASSESSMENT: [REDACTED] is an 8 yo victim of polytrauma that suffered a cardiopulmonary arrest in the field and was resuscitated only with great difficulty and after a long period of hypoxemia and hypotension. He remains

Printed by: [REDACTED]
 Printed on: 05/24/13 08:28

Page 6 of 8
 (Continued)

History & Physical (IP Physician)

* Preliminary Report *

without any evidence of brainstem function and first brain death test shows no function. Pt is multisystem trauma pt.

PLAN:

CARES team for documentation of injuries

Neuro:

- Pending brain death exam x 2
- Attempt two regulate his chemistries better
- No sedation as he does not seem to require any and we would like to obtain a clear brain death exam

CV:

- DA gtt @ 10, titrate for MAPs 60-70
- Give crystalloid as necessary.

F/G:

- D5 NS @ NS @ 2/3 mIVF
- Replete electrolytes PRN, follow on chem 8 Q8h and gasses
- Follow sodium closely, may start DI or cerebral salt wasting.

Respiratory:

- Ventilating on SIMV with high pressures due to increased ab pressure and pulmonary contusion
 - Last settings 40/15
- Oxygenation is better on these high pressures.
- ABGs q2h, keep pH > 7.2

ID:

- Clinda ppx
- Blood cx pending

Signature Line

Author(s): [REDACTED] () MD, [REDACTED] Fellow - Pediatric Surgery

Co-Signer(s):

Dictated Date / Time: 05.24.13 05:38

Printed by:

Printed on: 05/24/13 08:28

Page 7 of 8
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Completed Action List:

* Perform by [REDACTED] () MD, [REDACTED] on May 24, 2013 05:38

* Sign by [REDACTED] () MD [REDACTED] on May 24, 2013 05:38

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 8 of 8
(End of Report)

History & Physical (IP Physician)

* Preliminary Report *

Result Type: History & Physical (IP Physician)
Result Date: May 23, 2013 09:42
Result Status: Unauth
Performed By: [REDACTED] MD, [REDACTED] on May 23, 2013 10:26
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Preliminary Report *

History & Physical

DO NOT USE PROHIBITED ABBREVIATIONS

Chief Complaint: Polytrauma

History of Present Illness: [REDACTED] is an 8 year old male that was found in cardiopulmonary arrest by EMT after his parents called 911 reporting that he had "fell in the bath." CPR was initiated and lasted at least 15 minutes per report, the result of which is that he regained spontaneous circulation. He arrived at [REDACTED] where a blood gas was 6.96/51/156/-21. He received aggressive fluid resuscitation including 5 units of pRBCs (hgb ~4 -> hgb ~14) and 2 of FFP. He received crystalloid resuscitation as well. He remained with a GCS of 3 throughout this chain of events and without spontaneous respirations. His CXR had a white out of his RUL, his head and neck CT showed a small right parietal hematoma, right tentorial subdural hematoma, questionable right parietal punctate lesion, air in the right masticator space, traumatic extraction of upper incisors, deviation of the nasal septum, no c-spine fx, and diffuse soft tissue edema circumferentially around the neck. The chest and abdominal plain films showed opacities in the lung fields likely representing pulmonary contusion, metallic objects lodged beneath the skin thought to be beebees, and several rib fractures with callous formation. Attempts to oxygenate and ventilate him were met with difficulty. Even with spontaneous cardiovascular circulation he kept his sats in the 60's for a long time. Neurosurgery evaluated him at the OSH and determined that there was nothing to be gained from draining the ICH. [REDACTED] was transferred to [REDACTED] for a higher level of pediatric trauma care.

Unable to obtain history - parents in police custody and child unconscious. The police arrested the parents and took the two siblings out of the house and a forensics team has already taken extensive photos of the injuries he sustained.

PHYSICAL EXAMINATION

Growth Parameters

Weight:	[REDACTED]	(05/23/13 06:00)	Weight Percentile:	65%
Height:	-		Height Percentile:	-

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 1 of 5
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Head Circumference: _

Circumference Percentile: _

Vital Signs

TMAX:	0.00	
Heart Rate	158 bpm	(05/23/13 08:31)
Respiratory Rate	20 Breaths/Min	(05/23/13 08:31)
Systolic Blood Pressure	120 mm HG	(05/23/13 08:31)
Diastolic Blood Pressure	97 mm HG	(05/23/13 08:31)
Art. Systolic Blood Pressure	127 mm HG	(05/23/13 08:31)
Art. Diastolic Blood Pressure	68 mm HG	(05/23/13 08:31)
Arterial Line MAP	86 mm HG	(05/23/13 08:31)
CVP	0 mm HG	(05/23/13 06:00)

General Appearance: Battered, malnourished young man intubated lying motionless

HEENT: Depressed skull fracture on crown with overlying fluctuant hematoma, raccoon eyes

Neck: circumferential abrasion

Chest: Left chest rises more than right chest

Respiratory: Coarse lung sounds b/l

Cardiovascular: RRR, S1 and S2

Abdomen: Rigid, nondistended abdomen, no bowel sounds

GU: uncircumcised male, foley in place right femoral cordis, left femoral A line.

Extremities: cool, thready pulses, injuries as below

Neurological: No spontaneous movements, pupils 4 mm and fixed, no response to pain, no doll's eyes

Skin: Multiple bruises, ulcers, and abrasions in various stages of healing. Several hard subcutaneous lumps which x-ray reveals to be beebees. Notable is the 4-5 cm wide circumferential abrasion on his neck, the 4 cm long laceration on his mons pubis extending deep into the subcutaneous tissue, hardened ridged skin on right upper arm

Musculoskeletal: Palpable deformities of the ribs on right lower lateral thorax, swelling and fluctuance of left hand and some of the left fingers, large fluctuance over left knee

Labs (last 24 hrs)**Blood Cell Count (05/23 05:30)**

1.95	15.4	128
<hr/>		
	46.1	

RBC: 5.26

MPV: 9.0

MCV: 87.6

RDW-CV: 16.6

MCH: 29.3

NRBC Percent: 2.5

Printed by: [REDACTED]

Printed on: 05/24/13 08:28

Page 2 of 5
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

MCHC: 33.4

Chem Panel (05/23 05:30)

153	109	20	/ 105 Ca:5.9
2.7	26	0.81	

Anion Gap: 20 AST: 256
 Protein Total: 5.9 ALT: 155
 Albumin: 2.7 Alk Phos: 249
 Billrubln: 3.2 Lipase Lvl: 54

05/23 05:30

Routine Coagulation

PT: 14.2 sec
 PT - Ref: 10.8
 PT - INR: 1.4
 PT 1:1: 12.1 sec
 PTT: 24 sec
 PTT - Ref: 26
 Fibrinogen Level: 408 mg%
 D-Dimer Quantitative: >34.11
 mg/L FEU

Differential Automated

Neut %: 70.3 %
 Lymph %: 24.6 %
 Mono %: 3.1 %
 Baso %: 0.5 %
 IG %: 1.5 %
 Abs Neut #: 1.37 K/uL

05/23 05:47

Blood Gas

BG crit action:
 BG crit notify:
 BG notify D/T:

BG read back:

Arterial Blood

ABG Comment:

ABG pH: 7.18 Unit
 ABG pCO₂: 60 mm HG
 ABG pO₂: 62 mm HG
 ABG HCO₃: 22 mEq/L
 ABG TCO₂: 24 mEq/L
 ABG BE: -7.3 mEq/L
 ABG O₂ Sat: 84 %
 ABG FIO₂: 100 %
 Whole Blood Testing
 Calcium Ionized: 3.3 mg/dL
 Lactate, WB: 69.3 mg/dL
 Sodium WB: 148 mEq/L
 Potassium WB: 2.8 mEq/L
 Glucose WB: 109 mg/dL
 Hemoglobin POC: 16.0 g/dL
 Hematocrit POC: 47.0 %

05/23 08:50

Blood Gas

BG crit action:

BG crit notify:

BG notify D/T:

BG read back:

Arterial Blood

ABG Comment:

ABG pH: 7.32 Unit
 ABG pCO₂: 33 mm HG
 ABG pO₂: 240 mm HG
 ABG HCO₃: 17 mEq/L
 ABG TCO₂: 18 mEq/L
 ABG BE: -7.9 mEq/L
 ABG O₂ Sat: 100 %
 ABG FIO₂: 100 %
 Whole Blood Testing
 Calcium Ionized: 2.2 mg/dL
 Lactate, WB: 41.3 mg/dL
 Sodium WB: 155 mEq/L
 Potassium WB: 2.4 mEq/L
 Glucose WB: 82 mg/dL
 Hemoglobin POC: 12.4 g/dL
 Hematocrit POC: 36.0 %

Preliminary Micro

None

Positive Micro (last 36 hrs)

None

Negative Micro (last 36 hrs)

None

Printed by: [REDACTED]
 Printed on: 05/24/13 08:28

Page 3 of 5
 (Continued)

History & Physical (IP Physician)

* Preliminary Report *

ASSESSMENT: [REDACTED] is an 8 yo victim of polytrauma that suffered a cardiopulmonary arrest in the field and was resuscitated only with great difficulty and after a long period of hypoxemia and hypotension. He remains without any evidence of brainstem function but we have not yet done a brain death exam on him.

PLAN:**Neuro:**

- Pending brain death exam x 2
- Attempt two regulate his chemistries better
- No sedation as he does not seem to require any and we would like to obtain a clear brain death exam

CV:

- DA gtt @ 10, titrate for MAPs 60-70
- Give crystalloid as necessar.

F/G:

- D5 NS @ NS @ 2/3 mIVF
- Replete electrolytes PRN, follow on chem 8 Q8h and gasses
- Follow sodium closely, may start DI or cerebral salt wasting.

Respiratory:

- Ventilating on SIMV with high pressures due to increased ab pressure and pulmonary contusion
 - Last settings 40/15
- Oxygenation is better on these high pressures.
- ABGs q2h, keep pH > 7.2

ID:

- Cilinda ppx
- Blood cx pending

Discharge Criteria: _**Anticipated Date of Discharge:** _**Signature Line****Author(s):** [REDACTED] MD, [REDACTED] Physician 3rd Year - Pediatric [REDACTED]**Printed by:** [REDACTED]
Printed on: 05/24/13 08:28Page 4 of 5
(Continued)

History & Physical (IP Physician)

* Preliminary Report *

Co-Signer(s):

Dictated Date / Time: 05.23.13 10:26

Modified Date / Time: 05.23.13 10:26

Modified by: [REDACTED] MD, [REDACTED]

Completed Action List:

- * Perform by [REDACTED] MD, [REDACTED] on May 23, 2013 10:26
- * Modify by [REDACTED] MD, [REDACTED] on May 23, 2013 10:26
- * Modify by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27
- * Modify by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27
- * Sign by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27 Requested by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 5 of 5
(End of Report)

Brain Death Exam Note

* Final Report *

Result Type: Brain Death Exam Note
Result Date: May 24, 2013 01:26
Result Status: Auth (Verified)
Result Title: Brain Death Examination
Performed By: [REDACTED] MD (Attending) on May 24, 2013 01:32
Verified By: [REDACTED] MD (Attending) on May 24, 2013 01:32
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Final Report *

Brain Death Examination

Patient: [REDACTED] MRN: [REDACTED] FIN: [REDACTED]
Age: 8 years Sex: Male DOB: [REDACTED]
Associated Diagnoses: None
Author: [REDACTED] MD (Attending) [REDACTED]

Assessment

First exam, performed \geq 24 hours after birth or following cardiopulmonary resuscitation or other severe brain injury.

Date/Time performed: 05/24/2013 01:03:00.

Section 1. PREREQUISITES for brain death examination and apnea test

A. Irreversible and Identifiable Cause of Coma
Traumatic brain injury

B. Correction of contributing factors that can interfere with the neurologic examination

Core Body Temperature is over 35°C (95°F)

Systolic blood pressure or MAP in acceptable range (SBP not less than 2 standard deviations below age appropriate norm) based on age

Sedative/analgesic drug effect excluded as a contributing factor

Metabolic intoxication excluded as a contributing factor

Neuromuscular blockade excluded as a contributing factor

Section 2. Physical Examination

Flaccid tone, patient unresponsive to deep painful stimuli.

Pupils are midposition or fully dilated and light reflexes are absent.

Corneal, cough, gag reflexes are absent.

Oculovestibular OR oculoccephalic reflexes are absent.

Spontaneous respiratory effort while on mechanical ventilation is absent.

Section 3. Apnea Test

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 1 of 2
(Continued)

May. 24. 2013 9:40AM

03:06:49 p.m. 05-28-2013

15/23

No. [REDACTED] P. 16

Brain Death Exam Note

* Final Report *

Date/Time performed: 05/24/2013 01:03:00 .

Test Results

Pretest pH: 7.49

Pretest PaCO₂: 28 mmHg

Apnea duration: 9 min

Posttest pH: 7.23

Posttest PaCO₂: 63 mmHg

No spontaneous respiratory efforts were observed despite final PaCO₂ \geq 60 mm Hg and a \geq 20 mm Hg increase above baseline with a concomitant drop in pH to acidotic levels.

Section 5.1. Signature (First Exam)

I certify that my examination is consistent with cessation of all functions of the entire brain, including the brainstem. Confirmatory exam to follow.

Physician Name: [REDACTED] MD (Attending), [REDACTED]

Specialty: Pediatric Critical Care.

Completed Action List:

- * Perform by [REDACTED] MD (Attending), [REDACTED] on May 24, 2013 01:32
- * Sign by [REDACTED] MD (Attending), [REDACTED] on May 24, 2013 01:32
- * VERIFY by [REDACTED] MD (Attending), [REDACTED] on May 24, 2013 01:32

Printed by: [REDACTED]
Printed on: 05/24/13 08:28

Page 2 of 2
(End of Report)

NM Brain Scan - Brain Death Detection

* Final Report *

Result Type: NM Brain Scan - Brain Death Detection
Result Date: May 23, 2013 15:04
Result Status: Auth (Verified)
Result Title: NM Brain Scan - Brain Death Detection
Performed By: [REDACTED] () , [REDACTED] on May 23, 2013 15:04
Verified By: [REDACTED] (Attending) MD, [REDACTED] on May 23, 2013 15:10
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Final Report *

Reason For Exam

8 yo boy w subdural hematoma, pulm contusion liver laceration & dep skull fractures and multi rib and long bone fractures with cardiac arrest at home. ROSC achieved. Apnea Test cannot be done.

REPORT

DATE OF EXAMINATION: 5/23/2013

COMPARISON: None

HISTORY:

The patient is an 8-year-old male who presents with subdural hematoma, pulmonary contusion and liver laceration. Today's examination is performed to assess brain parenchyma perfusion.

TECHNIQUE:

The patient received intravenous administration of 8.9 mCi of technetium 99m labeled Ceretec via a right femoral IV by TW, CNMT. Dynamic imaging of the head and neck was performed. 20 minutes delayed static scintiphotos in anterior, posterior and lateral projections were obtained. SPECT images were also obtained in the axial, sagittal and coronal projections.

FINDINGS:

There is overall decreased and patchy perfusion to both cerebral hemispheres and cerebellum.

IMPRESSION:

Evidence of perfusion to the brain however as mentioned above it is diffusely decreased and patchy.

Printed by: [REDACTED]
Printed on: 05/24/13 08:29

Page 1 of 2
(Continued)

NM Brain Scan - Brain Death Detection

* Final Report *

Dictated By: [REDACTED]
Dictated On: 05/23/2013
Signed By: [REDACTED]

Signature Line
*** Final ***

Electronically Signed By: [REDACTED] (Attending) MD, [REDACTED]
on 05/23/2013 15:10

Dictated by: [REDACTED] (Attending) MD, [REDACTED]

IMAGE

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Completed Action List:

- * Order by [REDACTED] () MD [REDACTED] on May 23, 2013 09:18
- * Perform by [REDACTED] () [REDACTED] on May 23, 2013 15:04
- * VERIFY by [REDACTED] (Attending) MD [REDACTED] on May 23, 2013 15:10

Printed by: [REDACTED]
Printed on: 05/24/13 08:29

Page 2 of 2
(End of Report)

XR Abdomen 2 view

* Final Report *

Result Type: XR Abdomen 2 view
Result Date: May 23, 2013 05:25
Result Status: Auth (Verified)
Result Title: XR Abdomen 2 view
Performed By: [REDACTED] on May 23, 2013 05:25
Verified By: [REDACTED] (Attending) MD, [REDACTED] on May 23, 2013 11:43
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Final Report *

Reason For Exam
evaluate abdomen for free air

REPORT

Date of exam: 5/23/2013 at 5:18 a.m.
Comparison: None

Indications:

Transfer from outside hospital following cardiac and respiratory arrest. At the outside hospital the patient was noted to have bilateral subdural bleeds, grade 3 liver laceration, multiple rib fractures in various stages of healing, multiple burn marks, and multiple BB gun bullet entry sites.

Findings:

Chest series: A portable AP view of the chest is submitted for interpretation. There is diffuse opacification of the right upper lobe and either the right lower lobe or right middle lobe. The right upper lobe is almost completely opacified with only a subtle air bronchogram being present. This could be due to consolidation or contusion however atelectasis could have a similar appearance. There is severe haziness to the left lung. The appearance of the right middle lobe or right lower lobe opacity as well the left lung is more suggestive of pulmonary edema or hemorrhage. There is a small right pleural effusion. There are multiple healing posterior and anterolateral rib fractures. A BB projects over the right mainstem bronchus. An endotracheal tube is present with the tip at the level of clavicles. A nasogastric tube is seen with the tip in left upper quadrant. There is a cardiac monitor lead/resuscitation pad over the heart. The heart does not appear enlarged. There is a density which projects over the proximal right humerus of unclear etiology.

Printed by: [REDACTED]
Printed on: 05/24/13 08:29

Page 1 of 3
(Continued)

XR Abdomen 2 view

* Final Report *

Abdomen series: Supine and crosstable lateral views of the abdomen are submitted for interpretation. There is a nonspecific relative paucity of bowel gas with the exception of some nondilated loops of air filled bowel which are centralized. This can be due to free fluid within the abdomen causing centralization of the bowel loops. Also, the overall paucity of bowel gas could be within normal variation but it can also be seen with fluid filled loops of bowel. There is no definite evidence of free air however some of the focal areas of air on the lateral film may not be extraluminal. Correlation with CT exam is recommended. As mentioned with chest x-ray, bilateral healing rib fractures are noted. A nasogastric is seen with the tip left upper quadrant. There is residual contrast within the distended bladder from an earlier exam. Bilateral femoral catheters are noted. There is high density material in some loops of bowel which may be due to residual contrast from the patient's prior CT exam. Subtle nephrograms and renal excretion are noted. This could be due to a more recent CT exam however correlation with the timing of the CT is recommended. If the CT was performed much later this could be due to renal shock. BB's project over the left hip, left scrotum and right upper thigh. There is also a subtle density in the left upper quadrant projecting over the region of the nasogastric tube which is either a part of the other densities seen in the bowel or a foreign body either internal or external to the patient.

Impression:

1. Severe lung disease which may be due to a combination of edema, contusion, atelectasis and/or consolidation. Unfortunately, pulmonary hemorrhage cannot be excluded.
2. Small right pleural effusion.
3. Multiple healing rib fractures.
4. Nonspecific bowel gas pattern as described above.
5. Multiple BB's projecting over the chest and pelvic region.
6. Catheters and tubes as described above.

Dictated By: [REDACTED]

Dictated On: 05/23/2013

Signed By: [REDACTED]

Signature Line

*** Preliminary Report ***

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Printed on: 05/24/13 08:29

Page 2 of 3
(Continued)

May. 24. 2013 9:41AM

03:07:51 p.m. 05-28-2013

20/23

No. P. 21

XR Abdomen 2 view

* Final Report *

Dictated by: (Attending) MD

IMAGE

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Completed Action List:

* Perform by on May 23, 2013 05:25

Printed by:

Printed on: 05/24/13 08:29

Page 3 of 3
(End of Report)

XR Chest PA

* Final Report *

Result Type: XR Chest PA
Result Date: May 23, 2013 05:25
Result Status: Auth (Verified)
Result Title: XR Chest PA
Performed By: [REDACTED] on May 23, 2013 05:25
Verified By: [REDACTED] (Attending) MD [REDACTED] on May 23, 2013 11:43
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Final Report *

Reason For Exam
evaluate lung fields, ETT, NG

REPORT

Date of exam: 5/23/2013 at 5:18 a.m.

Comparison: None

Indications:

Transfer from outside hospital following cardiac and respiratory arrest. At the outside hospital the patient was noted to have bilateral subdural bleeds, grade 3 liver laceration, multiple rib fractures in various stages of healing, multiple burn marks, and multiple BB gun bullet entry sites.

Findings:

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Printed by: [REDACTED]
Printed on: 05/24/13 08:30

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(Continued)

XR Chest PA

* Final Report *

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Impression:

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3. Multiple healing rib fractures.
4. Nonspecific bowel gas pattern as described above.
5. Multiple BB's projecting over the chest and pelvic region.
6. Catheters and tubes as described above.

Dictated By: [REDACTED]

Dictated On: 05/23/2013

Signed By: [REDACTED]

Signature Line

*** Preliminary Report ***

Printed by: [REDACTED]

Printed on: 05/24/13 08:30

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(Continued)

XR Chest PA

* Final Report *

Dictated by: (Attending) MD,

IMAGE

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Completed Action List:

* Perform by on May 23, 2013 05:25

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Printed on: 05/24/13 08:30

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(End of Report)

History & Physical (IP Physician)

* Preliminary Report *

Result Type: History & Physical (IP Physician)
Result Date: May 23, 2013 09:42
Result Status: Unauth
Performed By: [REDACTED] MD, [REDACTED] on May 23, 2013 10:26
Encounter info: [REDACTED] Inpatient, 05/23/13 -

* Preliminary Report *

History & Physical

DO NOT USE PROHIBITED ABBREVIATIONS

Chief Complaint: Polytrauma

History of Present Illness: [REDACTED] is an 8 year old male that was found in cardiopulmonary arrest by EMT after his parents called 911 reporting that he had "fell in the bath." CPR was initiated and lasted at least 15 minutes per report, the result of which is that he regained spontaneous circulation. He arrived at [REDACTED] where a blood gas was 6.96/51/156/-21. He received aggressive fluid resuscitation including 5 units of pRBCs (hgb ~4 -> hgb ~14) and 2 of FFP. He received crystalloid resuscitation as well. He remained with a GCS of 3 throughout this chain of events and without spontaneous respirations. His CXR had a white out of his RUL, his head and neck CT showed a small right parietal hematoma, right tentorial subdural hematoma, questionable right parietal punctate lesion, air in the right masticator space, traumatic extraction of upper incisors, deviation of the nasal septum, no c-spine fx, and diffuse soft tissue edema circumferentially around the neck. The chest and abdominal plain films showed opacities in the lung fields likely representing pulmonary contusion, metallic objects lodged beneath the skin thought to be beebees, and several rib fractures with callous formation. Attempts to oxygenate and ventilate him were met with difficulty. Even with spontaneous cardiovascular circulation he kept his sats in the 60's for a long time. Neurosurgery evaluated him at the OSH and determined that there was nothing to be gained from draining the ICH. [REDACTED] was transferred to [REDACTED] for a higher level of pediatric trauma care.

Unable to obtain history - parents in police custody and child unconscious. The police arrested the parents and took the two siblings out of the house and a forensics team has already taken extensive photos of the injuries he sustained.

PHYSICAL EXAMINATION**Growth Parameters**

Weight:	[REDACTED]	(05/23/13 06:00)	Weight Percentile:	65%
Height:	—		Height Percentile:	—
Head Circumference:	—		Circumference Percentile:	—

Vital Signs

TMAX:	0.00	
Heart Rate	158 bpm	(05/23/13 08:31)
Respiratory Rate	20 Breaths/Min	(05/23/13 08:31)
Systolic Blood Pressure	120 mm HG	(05/23/13 08:31)

Printed by: [REDACTED] MSW, [REDACTED]
Printed on: 05/23/13 15:03

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History & Physical (IP Physician)

* Preliminary Report *

Diastolic Blood Pressure	97 mm HG	(05/23/13 08:31)
Art. Systolic Blood Pressure	127 mm HG	(05/23/13 08:31)
Art. Diastolic Blood Pressure	68 mm HG	(05/23/13 08:31)
Arterial Line MAP	86 mm HG	(05/23/13 08:31)
CVP	0 mm HG	(05/23/13 06:00)

General Appearance: Battered, malnourished young man intubated lying motionless**HEENT:** Depressed skull fracture on crown with overlying fluctuant hematoma, raccoon eyes**Neck:** circumferential abrasion**Chest:** Left chest rises more than right chest**Respiratory:** Coarse lung sounds b/l**Cardiovascular:** RRR, S1 and S2**Abdomen:** Rigid, nondistended abdomen, no bowel sounds**GU:** uncircumcised male, foley in place right femoral cordis, left femoral A line.**Extremities:** cool, thready pulses, injuries as below**Neurological:** No spontaneous movements, pupils 4 mm and fixed, no response to pain, no doll's eyes**Skin:** Multiple bruises, ulcers, and abrasions in various stages of healing. Several hard subcutaneous lumps which x-ray reveals to be beebees. Notable is the 4-5 cm wide circumferential abrasion on his neck, the 4 cm long laceration on his mons pubis extending deep into the subcutaneous tissue, hardened ridged skin on right upper arm**Musculoskeletal:** Palpable deformities of the ribs on right lower lateral thorax, swelling and fluctuance of left hand and some of the left fingers, large fluctuance over left knee**Labs (last 24 hrs)****Blood Cell Count (05/23 05:30)**

1.95	15.4	128
/ 46.1 \		

RBC: 5.26

MCV: 87.6

MCH: 29.3

MCHC: 33.4

MPV: 9.0

RDW-CV: 16.6

NRBC Percent: 2.5

Chem Panel (05/23 05:30)

153	109	20	/ 105 Ca:5.9
2.7	26	0.81	

Anion Gap: 20

Protein Total: 5.9

Albumin: 2.7

Bilirubin: 3.2

AST: 256

ALT: 155

Alk Phos: 249

Lipase Lvl: 54

05/23 05:30**Routine Coagulation**

BG read back:

Arterial Blood

BG crit notify:

BG notify D/T:

Printed by: [REDACTED] MSW, [REDACTED]
 Printed on: 05/23/13 16:03

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History & Physical (IP Physician)

* Preliminary Report *

PT: 14.2 sec
PT - Ref: 10.8
PT - INR: 1.4
PT 1:1: 12.1 sec
PTT: 24 sec
PTT - Ref: 26
Fibrinogen Level: 408 mg%
D-Dimer Quantitative: >34.11
mg/L FEU

Differential Automated

Neut %: 70.3 %
Lymph %: 24.6 %
Mono %: 3.1 %
Baso %: 0.5 %
IG %: 1.5 %
Abs Neut #: 1.37 K/uL

05/23 05:47**Blood Gas**

BG crit action:
BG crit notify:
BG notify D/T:

ABG Comment:
ABG pH: 7.18 Unit
ABG pCO₂: 60 mm HG
ABG pO₂: 62 mm HG
ABG HCO₃: 22 mEq/L
ABG TC0₂: 24 mEq/L
ABG BE: -7.3 mEq/L
ABG O₂ Sat: 84 %
ABG FIO₂: 100 %

Whole Blood Testing

Calcium Ionized: 3.3 mg/dL
Lactate, WB: 69.3 mg/dL
Sodium WB: 148 mEq/L
Potassium WB: 2.8 mEq/L
Glucose WB: 109 mg/dL
Hemoglobin POC: 16.0 g/dL
Hematocrit POC: 47.0 %

05/23 08:50**Blood Gas**

BG crit action:

BG read back:**Arterial Blood****ABG Comment:**

ABG pH: 7.32 Unit
ABG pCO₂: 33 mm HG
ABG pO₂: 240 mm HG
ABG HCO₃: 17 mEq/L
ABG TC0₂: 18 mEq/L
ABG BE: -7.9 mEq/L
ABG O₂ Sat: 100 %
ABG FIO₂: 100 %

Whole Blood Testing

Calcium Ionized: 2.2 mg/dL
Lactate, WB: 41.3 mg/dL
Sodium WB: 155 mEq/L
Potassium WB: 2.4 mEq/L
Glucose WB: 82 mg/dL
Hemoglobin POC: 12.4 g/dL
Hematocrit POC: 36.0 %

Preliminary Micro

None

Positive Micro (last 36 hrs)

None

Negative Micro (last 36 hrs)

None

ASSESSMENT: [REDACTED] is an 8 yo victim of polytrauma that suffered a cardiopulmonary arrest in the field and was resuscitated only with great difficulty and after a long period of hypoxemia and hypotension. He remains without any evidence of brainstem function but we have not yet done a brain death exam on him.

PLAN:**Neuro:**

- Pending brain death exam x 2
- Attempt two regulate his chemistries better
- No sedation as he does not seem to require any and we would like to obtain a clear brain death exam

CV:

- DA gtt @ 10, titrate for MAPs 60-70
- Give crystalloid as necessar.

F/G:

- D5 NS @ NS @ 2/3 mIVF
- Replete electrolytes PRN, follow on chem 8 Q8h and gasses
- Follow sodium closely, may start DI or cerebral salt wasting.

Printed by: [REDACTED] MSW, [REDACTED]
Printed on: 05/23/13 15:03

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History & Physical (IP Physician)

* Preliminary Report *

Respiratory:

- Ventilating on SIMV with high pressures due to increased ab pressure and pulmonary contusion
 - Last settings 40/15
- Oxygenation is better on these high pressures.
- ABGs q2h, keep pH > 7.2

ID:

- Clinda ppx
- Blood cx pending

Discharge Criteria: _

Anticipated Date of Discharge: _

Signature Line

Author(s): [REDACTED] MD, [REDACTED], Physician 3rd Year - Pediatric Housestaff

Co-Signer(s):

Dictated Date / Time: 05.23.13 10:26

Modified Date / Time: 05.23.13 10:26

Modified by: [REDACTED] MD, [REDACTED]

Completed Action List:

- * Perform by [REDACTED] MD, [REDACTED] on May 23, 2013 10:26
- * Modify by [REDACTED] MD, [REDACTED] on May 23, 2013 10:26
- * Modify by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27
- * Modify by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27
- * Sign by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27 Requested by [REDACTED] MD, [REDACTED] on May 23, 2013 10:27

Printed by: [REDACTED] MSW, [REDACTED]
Printed on: 05/23/13 15:03

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